1.	Date of Death,	Jen 4-1892	
2.	Name,	Juars & Malson	
	(Maiden Name),* .	Mary & Colegral	
	(Name of Husband),*	Woodman H Malson	
3.	Sex, and whether single,	Jeannelle "	
	Married, or Widowed,	Maricel	
4.	Color,†	1	
5.	Age,	8 Years, S Months, Days.	
	(Disease or Cause of Death,	Cousumption of Lung	
6.	Duration of Sickness, .	Jur pers	
	By whom certified,	J. J.	
7.	Residence,	Jagwille Southero	
8.	Occupation,	Courstic	
9.	Place of Death,	Fafeitte southline	
10.	Place of Birth,	Hallowell Maine	
11.	Name of Father,	Tideou Elect	
12.	Name of Mother,	Sarah Marton Cotvor	
13.	Birthplace of Father, .	Jerduer Mairie	
14.	Birthplace of Mother, .	1288 on Meine	
15.	Place of Interment, .	Southboro hass	
	Signature of Undertaker or other person making the Return,	Jomp Mercfartand	
DATED at taggiffe, on fan 1892			
* If a Married Woman or Widow.			

If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what [Be very particular to fill all Blanks.]

PHYSICIAN'S CERTIFICATE.

Date and Place of Death, - died at Fayfulle - Mass Jan 45,891,	Name of Deceased,*	7//2	That		
Disease or Cause of Death, - of Philippin James Duration of Sickness The Jeans I certify that the above is true, to the best of my knowledge and belief. Name and Residence of Certifying Physician Output Talket		J. V. X.	211. M		11.E
I certify that the above is true, to the best of my knowledge and belief. Name and Residence of Certifying Physician. Oulne and Residence of Certifying Physician.	Date and Place of Death,	died at	18 - 11.	17/	189/
Name and Residence of Certifying Physician J. Culvu Palket	Disease or Cause of Death,	of Mulher	MMg Duratio	n of Sickness M	u Jean
1 1 1		M	to the best of my knowled	edge and belief.	
* Or Sex of Infant (not named).		3	Date of Certificate,	Jane.	0 4 189/

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

UNDERTAKER'S RETURN TO THE BOARD OF HEALTH, MARLBOROUGH.
Date of Death, July 19th 1892
Name, Conthie A Brigham
Maiden Name, * Sex, Jensele
Married, single or widow, wife of the Brighton
Color, Age, Tyears, 3 mos., Adays.
Residence, South boro Men.
Place of death, Street and No. South Love Ward,
Place of Birth, Belreen Occupation, French
Name of Mother, Olizabeth Maiden Name Merill
Name of Father, Leve's Benn's
Birthplace of Father, bernest
Birthplace of Mother, and chusetts
Place of Interment, thipman Cometer Marther
*If a married woman or a widow. †Give the name of the burial ground.
Signature of Undertaker or other person making the return.
PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.
Marlborough, Jany 19th 1892
Name of Deceased, Cynthin M Brighaus
Date and Place of Death, July 19 th 1892 Mulley Muse
Disease or Cause of Death, Primoria *duration of, My youl
Name and residence, G. E. South M. W. A. Mowe St. Murchon Murs,

^{*}It is very desirable to be informed of the duration of the disease.

1. Date of Death,	January 20, 1890	
2. Name,	Thro allthy mi Luarr	
(Maiden Name),* .	Grand of Sentertary	
(Name of Husband),*	- algen In Luarre	
3. Sex, and whether single,	Øjem ale	
Married, or Widowed,	Married	
4. Color,†	1 John Marie	
5. Age,	V2 Years, /O Months, Days.	
Disease or Cause of Death,	Phinagrational Cha	
6. Duration of Sickness, .	·48 Frus	
(By whom certified, .	In /whereson	
7. Residence,	Southborn	
8. Occupation,	Mour Clipping	
9. Place of Death,	Southbord	
10. Place of Birth,	Pieron to Sis	
11. Name of Father,	James / Extratas -	
12. Name of Mother, .	Clay gle Hohers	
13. Birthplace of Father, .	Bother	
14. Birthplace of Mother, .		
15. Place of Interment, .	Fouthbors	
Signature of Undertaker or other person making the Return,	Henry Newton	
DATED at Southbow, on January 21 18 92		

^{*} If a Married Woman or Widow. † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what. [Be very particular to fill all Blanks.]

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	Jan 20 1899
2. Name,	Patrick Corners
(Maiden Name),* .	
(Name of Husband),*	
3. Sex, and whether single,	male
Married, or Widowed,	Widowed
4. Color,†	W
*5. Age,	Years, 6 Months, 5 Days.
Disease or Cause of Death, (Primary and Secondary), ‡ 6. Duration of Sickness,	Freuwiw 5 dans
By whom certified,	Dr Butterfield
. 7. Residence,	Southborn
8. Occupation,	Mechanio
9. Place of Death,	Leuthhow
10. Place of Birth,	Ireland
11. Name of Father,	Matthew Commons
12. Name of Mother,	Mary Luffles
13. Birthplace of Father,	Green
14. Birthplace of Mother,	Jordand
15. Place of Interment,	Harburton Max
Signature of Undertaker or other person making the Return,	Ed Bridges
DATED at Hopkinle	in on lan IV 1899
	//

* If a Married Woman or Widow. ‡ If a Soldier who served in the War of the Rebellion. † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and secondary cause of death. See Chap. 224, Acts of 1889.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,*	Patrick Commoss Acele	Gun B
Date and Place of Death, -	died at Southboro (Codwille) Fam. 20	1892
Disease or Cause of Death, -	of Premovid Duration of Sickness	in la Vanda
I certify	that the above is true, to the best of my knowledge and belief.	
Name and Residence of Certifying Ph		-047
*Or Sex of Infant (not nam	ed). [Ed.—10 M—Oct. 9, 1889.]	[May, 1888.]

1. Date of Death,	(40) -9/-/899,		
2. Name,	1 Halera J / 18 mon		
(Maiden Name),* .	(Diversion from Cent Parker)		
(Name of Husband),*	p /		
3. Sex, and whether single,	Sigle		
Married, or Widowed,			
4. Color,†			
5. Age,	3 Years, Months, 3 Days.		
Disease or Cause of Death,	Condulation & Lungs		
6. Duration of Sickness, .	3 5-6275		
By whom certified, .			
7. Residence,	South Date South		
8. Occupation,	Donald To		
9. Place of Death,	Southytte Mass		
10. Place of Birth,	Transaghers.		
11. Name of Father,	James Ulsatar		
12. Name of Mother,	(Bridget Stea)		
13. Birthplace of Father, .	Grefanel		
14. Birthplace of Mother, .	9, 11-00		
15. Place of Interment, .	Setion ville fluid		
Signature of Undertaker or other person making the Return,	Mr Mayfortend		
DATED at SCHOOL	7 He, on Jan 22 1892		
* If a Married Woman or Widow.			

[†] If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what. [Be very particular to fill all Blanks.]

Commonwealth of Massachusetts. RETURN OF A DEATH.

1. Date of Death,	Jan. 24 1892	
2. Name,	Melmentera Berry	
(Maiden Name),* .	J.	
(Name of Husband),*		
3. Sex, and whether single,		
Married, or Widowed,		
4. Color,†		
5. Age,	Years, / Months, / Days.	
Disease or Cause of Death,	Group & Premourin	
6. Duration of Sickness, .	Three days	
(By whom certified, .	/	
7. Residence,	South bon,	
8. Occupation,	Contraction	
9. Place of Death,	Southbon	
10. Place of Birth,	Francyhour	
11. Name of Father,	John Benn	
12. Name of Mother,	maggu (Ilsina)	
13. Birthplace of Father, .	D. Buty	
14. Birthplace of Mother, .	2	
15. Place of Interment, .	Samuelle	
Signature of Undertaker or other person making the Return,	} John Berry	
DATED at Formations (, on Jun 25 189.2		

^{*} If a Married Woman or Widow. † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what. [Be very particular to fill all Blanks.]



THIS IS TO CERTIFY,

To the best of my knowledge and belief, Name of deceased in full.

That the state of	House .
age 80 years 7 months 6 days, died Give, briefly, disease or other cause of death.	on the 30 day of gan. A.D. 1892
of Other Age	
Its duration † was	
There was also	
Its duration † was	
Was there an Autopsy?	Was death Sudden?
Signed at Sont Comi	Mass., 9an 30th 1872
† Reckoned from the time of invasion of death.	Robinson M. D.
Undertaker's I	Return of Death.
AName of deceased in full HOWE Maiden Name.	Date of Death. Jour 30 1892 Age, 80 Years 7 Months 16 Days
Wife or Widow of	Southburd House
Sex. *Color. Male Reside Occupation.	ence Southbord Place of Birth.
Name of Father Strate	His Birth Place.[3]
Name of Mother.	Her Birth Place,[4]
Interment Southboro	February / 1892
This return is made by Undertaker	C. L. Tromas
Dated Jan. 30 1892 1. Erase the words which do NOT indicate the condition.	2 Of Faminghau 2, 3, 4. Insert Town and State. W, White. B, Black.
Countersigned and Approved this	day of18
	Agent Board of Health.

1. Date of Death,	7 Feb 1852	
2. Name,	Miss Exther D Ruchards	
(Maiden Name),* .		
(Name of Husband),*		
3. Sex, and whether single,	Single	
Married, or Widowed,	U.	
4. Color,†		
5. Age,	Years, Months, & Days.	
(Disease or Cause of Death,	Mermay	
6. Duration of Sickness, .		
(By whom certified, .	no Phone of A	
7. Residence,	Southoroso	
8. Occupation,	<u></u>	
9. Place of Death,	fayville,	
10. Place of Birth,	Jouth borg	
11. Name of Father,	, Svelen Krelounds	
12. Name of Mother,	grancy Krelsands.	
13. Birthplace of Father, .		
14. Birthplace of Mother, .		
15. Place of Interment, .	frutte vero	
Signature of Undertaker or other person making the Return,	Henry Newton	
DATED at Southbow, on Geb 8 18 9 2		

^{*} If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

1	. Date of Death,	746-19-1892
2	. Name,	Parick tingwald
	(Maiden Name),* .	
	(Name of Husband),*	
. 3	. Sex, and whether single,	M.
	Married, or Widowed,	W.
4	. Color,†	7/
. 5	. Age,	Years, Months, Days.
	Disease or Cause of Death,	Cancer of Bowells
6.	Duration of Sickness, .	about one year
	By whom certified, .	Dr. Kobengon Mil
7	. Residence,	Southbern Mass
8.	. Occupation,	Farmer
9.	Place of Death,	Louthbor Mass
10.	Place of Birth,	7.00 a. a.
11.	Name of Father,	1 2/1/2-
12.	Name of Mother,	A Hanor a Kennedy
13.	Birthplace of Father, .	Just and
14.	Birthplace of Mother, .	
15.	Place of Interment, .	Marie Marie
	Signature of Undertaker or other person making the Return,	7 a. Megile
*		

^{*} If a Married Woman or Widow. † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what. [Be very particular to fill all Blanks.]

PHYSICIAN'S CERTIFICATE.

^{*} Or Sex of Infant (not named).

1.	Date of Death,	FPB 22 1832
2.	Name,	MIDINEL MENEZ
	(Maiden Name),* .	<i>f</i>
	(Name of Husband),*	
3.	Sex, and whether single,	J
	Married, or Widowed,	Midented
4.	Color,†	
5.	Age,	Years, Months, Days.
	(Disease or Cause of Death,	La Juil 64 6/21 0100
6.	Duration of Sickness, .	9 740 01 23
	(By whom certified,	
7.	Residence,	Charles of the San San San San
8.	Occupation,	felzmen
9.	Place of Death,	S511111111
10.	Place of Birth,	Significant of the
11.	Name of Father,	Jan San San San San San San San San San S
12.	Name of Mother,	Carrie Courtes
13.	Birthplace of Father, .	Light Chair De De
14.	Birthplace of Mother, .	4.4
15.	Place of Interment, .	
	Signature of Undertaker or other person making the Return,	\
DAT	red at COFF	1/2, on18 /.

^{*} If a Married Woman or Widow. † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

1.	Date of Death,	16ch 26 1892
2.	Name,	Lusetta & Enthem
	(Maiden Name),* .	u lecters
	(Name of Husband),*	Jon B & Whank
3.	Sex, and whether single,	
	Married, or Widowed,	Marrical
4.	Color,†	
5.	Age,	Years, Months, Days.
	Disease or Cause of Death,	Foilse
6.	Duration of Sickness, .	8 freulis
	(By whom certified, .	Dr Slanger
7.	Residence,	Beath leve.
8.	Occupation,	Domesti,
9.	Place of Death,	Buch Com mass
1().	Place of Birth,	Blanslead Maine
11.	Name of Father,	Helin Reberts
12.	Name of Mother,	Munnah (Clerk
13.	Birthplace of Father, .	maricieth 11/1
14.	Birthplace of Mother, .	Acustific for
15.	Place of Interment, .	of south fire mass
	Signature of Undertaker or other person making the Return,	Jon & Bugarlemer
DÀT	ED at Belle Co	120 , on 106 24 1899,

^{*} If a Married Woman or Widow. † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

1. Date of Death,	A 1911 1720 1099
2. Name,	Mad John Julya
(Maiden Name),* .	Laxabet, Socrificant
(Name of Husband),*	JE 1834 1 5 (12) 286 3
3. Sex, and whether single,	J
Married, or Widowed,	Carl San
4. Color,†	all pare
5. Age,	Years, Months, Days.
Disease or Cause of Death,	Candanfilan
6. Duration of Sickness, .	- Land Of Eller
By whom certified, .	In A Calletin
7. Residence,	Worthborry & May -
8. Occupation,	
9. Place of Death,	South Cornell - Marie
10. Place of Birth,	ARW CHOST of S
11. Name of Father,	14 14 B 602 Kg 600
12. Name of Mother,	Whataret & Corkien
13. Birthplace of Father, .	EAGLE SE
14. Birthplace of Mother, .	68081 d - 3
15. Place of Interment, .	State of the state of the state of
Signature of Undertaker or other person making the Return,	Henry Newton
DATED at Southb	ors, on edge 22 1892

^{*} If a Married Woman or Widow. † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what. [Be very particular to fill all Blanks.]

RETURN OF A-DEA

To the Clerk of the Town in which am Down occurred.

1. Date of Death,	1/223 1822
2. Name,	Dexer Brener
(Maiden Name),* .	Bon Tel 22, 1814
(Name of Husband),*	
3. Sex, and whether single,	
Married, or Widowed,	Widencel
4. Color,†	
5. Age,	Years, 2 Months, 1 Days.
Disease or Cause of Death,	Ctcl ger
6. Duration of Sickness, .	4 1-15
By whom certified,	
7. Residence,	Xelesta and a second
8. Occupation,	Comment Calena
9. Place of Death,	Lock and Sunt ton
0. Place of Birth,	Sec. 271
1. Name of Father,	For Brance.
2. Name of Mother,	Gendia (Toger)
3. Birthplace of Father, .	Strilyton
4. Birthplace of Mother, .	Supporus Vontaton.
5. Place of Interment,	South labor 180
Signature of Undertuker or other person making the Return,	12/1 About Ed
DATED at	, on 112 1892

^{*} If a Married Woman or Widow. † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what. [Be very particular to fill all Blanks.]

1. Date of Death,	Apr 23-1852
2. Name,	Millie Lathins
(Maiden Name),*	Jugariffe Mass
(Name of Husband),*	
3. Sex, and whether single,	Single
Married, or Widowed,	
4. Color,†	
5. Age,	2 Years, Months, 24 Days.
Disease or Cause of Death,	Convernation of Lung
6. Duration of Sickness, .	2 fecusto
(By whom certified,	
7. Residence,	Fayyoffe Asciso
8. Occupation,	Brakeman
9. Place of Death,	Jugarffe hass
10. Place of Birth,	11 11 11
11. Name of Father,	leurst getting
12. Name of Mother,	Lugs life Cell-3
13. Birthplace of Father, .	Scuth Gill
14. Birthplace of Mother, .	mostlozo
15. Place of Interment, .	Seritates Genere
Signature of Undertaker or other person making the Return,	} from the Shawfer fained
DATED at Scille lei	00 , on A/1 24 1892
* If a Manufad Woman on Widow	The second secon

[†] If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

1. Date of Death,	Apr 24, -1892	
2. Name,	Lusher Willson	
(Maiden Name),*		
(Name of Husband),*	0	
3. Sex, and whether single,	Dingle	
Married, or Widowed,		
4. Color,†		
5. Age,	75 Years, Months, Days.	
Disease or Cause of Death,	4/10/16/40	
6. Duration of Sickness, .	14/12/16	
By whom certified,	0 1	
7. Residence,	DAUTEUR MASSO	
8. Occupation,	1205 12 6 Joen 124 30	
9. Place of Death,	3,111021	
10. Place of Birth,	Supple De De Grand D. J. J. J. J. J.	
11. Name of Father,	ESECK SLITTBER	
12. Name of Mother,	Peter Ettion Ditto	
13. Birthplace of Father, .	Slitsean Att	
14. Birthplace of Mother, .	11 pm lk	
15. Place of Interment, .	Bherrow (14 485	
Signature of Undertaker or other person making the Return,	Mr Dag - Pack	
DATED at SECULAR	10 , on A/n 24 1892	
* If a Married Woman or Widow. † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.		

[[]Be very particular to fill all Blanks.]

RETURN OF A DEATH.

,	- de la marion de Doudi doddiod.
1. Date of Death,	Also-29 1892
2. Name,	Ephriam H Chemberton
(Maiden Name),* .	/
(Name of Husband),*	0.
3. Sex, and whether single,	Bingle
Married, or Widowed,	
4. Color,†	
5. Age,	Years, Months, Days.
Disease or Cause of Death,	Menuin Probledien
6. Duration of Sickness, .	5/20/2
By whom certified,	0
7. Residence,	BUCCE FORD LANGS
8. Occupation,	Tarren
9. Place of Death,	31411
10. Place of Birth,	
11. Name of Father,	Jefin Elman - 16
12. Name of Mother,	Truck Seils
3. Birthplace of Father, .	3044600
4. Birthplace of Mother, .	14
5. Place of Interment,	Sciller Mass
Signature of Undertaker or other person making the Return,	Mrcharfeter
DATED at SCC	, on18
* If a Married Woman or Widow.	1

^{*} If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

AN ACT

IN RELATION TO THE RETURNS OF BIRTHS AND DEATHS

Be it enacted, etc., as follows:

Section 1. The clerk or registrar of each city and town shall on the first day of each month make a certified copy of the record of all deaths and births recorded in the books of said city or town during the previous month, whenever the deceased person or the parents of the child born, were resident in any other city or town in this Commonwealth at the time of said death or birth; and shall transmit said certified copies to the clerk or registrar of the city or town in which such deceased person or parents were resident at the time of said death or birth, stating in addition the name of the street and number of the house, if any, where such deceased person or parents so resided, whenever the same can be ascertained; and the clerk or registrar so receiving such certified copies shall record the same in the books kept for recording deaths or births. Such certified copies shall be made upon blanks to be furnished for that purpose by the secretary of the Commonwealth.

Section 2. This act shall take effect upon its passage. [Approved April 5, 1889.

Blank to be used in compliance with the foregoing.

Copy of the Record of a

10. Place of Birth, . . . Southbores
11. Name of Father, . . Grant

12. Name of Mother, . . — (Sillistic)

13. Birthplace of Father, . Voutlibore

14. Birthplace of Mother, . "

I certify that the foregoing is a true copy.

Attest:

By whom certified ...

Residence, . .
 Occupation, . .
 Place of Death, .

15. Place of Interment,

Acting leity Registrar Clark

RETURN OF A DEATH.

	Z O II Z Z II Z Z Z Z Z Z Z Z Z Z Z Z Z
1. Date of Death,	many 15 1812
2. Name,	July 21 Stell
(Maiden Name),* .	
(Name of Husband),*	
3. Sex, and whether single,	
Married, or Widowed,	- M
4. Color,†	
5. Age,	Years, Months, Days.
Disease or Cause of Death, (Primary and Secondary), † C. Duration of Sickness, .	9 day at A sepetal
By whom certified,	allen a. Nesth Mart.
7. Residence,	Louthbase
8. Occupation,	
9. Place of Death,	11/20/10/20
10. Place of Birth,	cretand
11. Name of Father,	Thomas Man Mahon
12. Name of Mother,	Oligabeth Morrissey
13. Birthplace of Father, .	Greland J
14. Birthplace of Mother, .	Ast 11
15. Place of Interment, .	for attest
Signature of Undertaker or other person making the Return,	Journ Steet
Dated at	, on18 .

^{*} If a Married Woman or Widow. ‡ If a Soldier who served in the War of the Rebellion. † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

RETURN OF A DEATH.

-		11 10 10 00
1.	Date of Death,	11 00/1/2
2.	Name,	John All Starls
	(Maiden Name),* .	<u>U</u>
	(Name of Husband),*	,
3.	Sex, and whether single,	Role & in miller
	Married, or Widowed,	
4.	Color,†	
5.	Age,	Years, 7 Months, 3 Days.
	Disease or Cause of Death,	
6.	Duration of Sickness, .	1 Antonia Mas
	By whom certified, .	
7.	Residence,	gouth force
8.	Occupation,	4 March
9.	Place of Death,	Fayarle
10.	Place of Birth,	Ja lahler
11.	Name of Father,	E. 4 Brehands
12.	Name of Mother,	1 corres Buchusch
13.	Birthplace of Father, .	
14.	Birthplace of Mother, .	,
15.	Place of Interment, .	To attern
	Signature of Undertaker or other person making the Return,	
DAT	red at	, on may 2-6 189.

^{*} If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

20

RETURN OF A DEATH.

1. Date of Death,	may -3/-/8/2	
2. Name,	Jac F /Sruce	
(Maiden Name),*	machen	
(Name of Husband),*	Libean breice	
3. Sex, and whether single,	V g	
Married, or Widowed,	Massica	
4. Color,†		
5. Age,	25 Years, Months, Days.	
Disease or Cause of Death,	Cousumplier	
6. Duration of Sickness, .	1 sear 6 months	
(By whom certified,		
7. Residence,	TUSTITE MUSS	
8. Occupation,	House With	
9. Place of Death,	Jarry H Sceriffer	
10. Place of Birth,	11 11 1	
11. Name of Father,	Hmarich Macker	
12. Name of Mother,	schuid Bicteri-	
13. Birthplace of Father, .	Traffen Mass	
4. Birthplace of Mother, .	med was	
5. Place of Interment, .	1118 touc plass	
Signature of Undertaker or other person making the Return,	} Amp Macher fence	
DATED at Tagerthe, on Mey -3/ 18 9. 2		
4 T.C. 3.F 1 337	V.	

^{*} If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

RETURN OF A DEATH.

1. Date of Death,	1212017
2. Name,	& lyte & Collins
(Maiden Name),*	Blifa & Bugniton
(Name of Husband),*	Depris Confline
3. Sex, and whether single,	V
Married, or Widowed,	selfaroned.
	A second
4. Color,†	82 Years 3 Months 8 Days.
5. Age,	Years, Months, Days.
Disease or Cause of Death,	Perunia
6. Duration of Sickness,.	O fow gley
(By whom certified,	Lis Molycon
7. Residence,	of milhet and
8. Occupation,	Home Ruful
9. Place of Death,	for there
10. Place of Birth,	Weitho
11. Name of Father,	Nother Basilin
12. Name of Mother,	may Bombatas
	Harten
13. Birthplace of Father, .	out to
14. Birthplace of Mother, .	mul como
15. Place of Interment, .	J 6 1 L L L L L L L L L L L L L L L L L L
Signature of Undertaker or other person making the Return,	} Henry Newton
DATED at Soul	Acro, on June 19. 1892

^{*} If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

RETURN OF A DEATH.

1. Date of Death,	Pyth 11 1892 0
2. Name,	O Sophie Wildrelk
(Maiden Name),* .	y Deffey
(Name of Husband),*	Samuel Hitcheth
3. Sex, and whether single,	
Married, or Widowed,	Bidewed
4. Color,†	
5. Age,	Years, Months, Days.
Disease or Cause of Death,	Class Lagrine
6. Duration of Sickness, .	18 months
(By whom certified,	Sco. 1. Bully examp.
7. Residence,	Jarille Bruthlice
8. Occupation,	Pelines Fache
9. Place of Death,	Felgriffe Mich
10. Place of Birth,	beletiet II H
11. Name of Father,	focupinand office
12. Name of Mother,	allatain felle
13. Birthplace of Father, .	l'aymond litt
14. Birthplace of Mother, .	
15. Place of Interment, .	Sisten Ocronoster
Signature of Undertaker or other person making the Return,	Jamp Muchartenel
DATED at Fals 11/11	e, on July 11 1892

^{*} If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

1/2

RETURN OF A DEATH.

1. Date of Death,	4-15-1892
2. Name,	
(Maiden Name),* .	A Samuel Comment
(Name of Husband),*	140114 - 1206
3. Sex, and whether single,	
Married, or Widowed,	19301791806
4. Color,†	
5. Age,	Years, Months, Days.
Disease or Cause of Death,	F370111 T16115
6. Duration of Sickness, .	
By whom certified, .	
7. Residence,	
8. Occupation,	
9. Place of Death,	
10. Place of Birth,	
11. Name of Father,	Men hadher
12. Name of Mother,	711171
13. Birthplace of Father, .	Elikhy
14. Birthplace of Mother, .	11
15. Place of Interment, .	<u> </u>
Signature of Undertaker or other person making the Return,	

^{*} If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

RETURN OF A DEATH.

1. Date of Death,	July 15 1192
2. Name,	charian A lichols
(Maiden Name),* .	
(Name of Husband),*	
3. Sex, and whether single,	
Married, or Widowed,	
4. Color,†	<i>D</i>
5. Age,	Years, Months, Days.
Disease or Cause of Death,	Gallation Consumption
6. Duration of Sickness, .	3/2 mouths
(By whom certified, .	Dr Bullerfield
7. Residence,	- Jouthtow
8. Occupation,	
9. Place of Death,	Southboro chass
10. Place of Birth,	Brookfield Charl
11. Name of Father,	Austra 19. chishods
12. Name of Mother,	Josephine Bond
13. Birthplace of Father, .	Brookfield Chass
14. Birthplace of Mother,.	Aturbridge Mars
15. Place of Interment, .	Joutho in J
Signature of Undertaker or other person making the Return,	} Henry cleuter
DATED at South	on July 16 18 92.

^{*} If a Married Woman or Widow. † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what. [Be very particular to fill all Blanks.]

1. Date of Death,	July 27 (892
2. Name,	Patrick Guilfoil
(Maiden Name),*	V
3. Sex, and whether single, Married, or Widowed,	male
4. Color, †	While
5. Age,	Years, H Months, 6 Days.
(Disease or Cause of Death,	Cholera Infanter
6. Duration of Sickness, .	Lux days
By whom certified,	J. Eleorey
7. Residence,	Southbord
8. Place of Death,	Southborr
9. Occupation,	9
10. Place of Birth,	Southbory
11. Name of Father,	Palrick Sulfort
12. Name of Mother,	Cathrine Beatly
13. Birthplace of Father, .	New Brunswick
14. Birthplace of Mother, .	New Brunswick
15. Place of Interment,	A sh kinton
Signature of Undertaker or other person making the Return,	}
DATED at Stulk & IN	on July 27 1892

^{*} If a Married Woman or Widow. † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

Commonwealth of Mussachusetts.

No. 2/9

RETURN OF A DEATH.

-		/
1.	Date of Death,	July 29th 1892
2.	Name,	Ause Hytivers
	(Maiden Name),* .	
	(Name of Husband),*	
3.	Sex, and whether single,	male Lingle
	Married, or Widowed,	
4.	Color,†	
5.	Age,	Years, 4 Months, 10 Days. 1
	Disease or Cause of Death,	Gongestion of the Bronacle to be
6.	Duration of Sickness, .	6 days
	(By whom certified, .	1 Coulou Walker
7.	Residence,	fortheore
8.	Occupation,	
9.	Place of Death,	Josephone
10.	Place of Birth,	King & Sounds - Nove Yearte
11.	Name of Father,	William y 4 tives
12.	Name of Mother,	Aannie It Stivers
13.	Birthplace of Father, .	lings 40° Nova Jeolia
14.	Birthplace of Mother, .	11 4 4 4
15.	Place of Interment, .	Forthbox-
	Signature of Undertaker or other person making the Return,	} Henry Henten
DA	TED at Foulks	Good, on July 30 1872

[†] If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

PHYSICIAN'S CERTIFICATE.

Name of Deceased,* -· Date and Place of Death, Disease or Cause of Death, -I certify that the above is true, to the best of my/knowledge and belief. Name and Residence of Certifying Physician Date of Certificate. * Or Sex of Infant (not named).

RETURN OF A DEATH.

1. Date of Death,	July 29 192
2. Name,	Evá la St. 112
(Maiden Name),* .	
(Name of Husband),*	
3. Sex, and whether single,	Tronale
Married, or Widowed,	-
4. Color,† · · · ·	<i>x</i>
5. Age,	Years, Months, Days. 29
Disease or Cause of Death,	Tuneumonia
6. Duration of Sickness, .	5 days
By whom certified, .	I Euler alte
7. Residence,	J. St. Starle Land Land Be
8. Occupation,	
9. Place of Death,	Joer Hickory
10. Place of Birth,	Youth boro
11. Name of Father,	Hill cam
12. Name of Mother,	And the
13. Birthplace of Father, .	Fings tonly Jona Given
14. Birthplace of Mother, .	, , ,
15. Place of Interment, .	
Signature of Undertaker or other person making the Return,	} Kenzy Venton
DATED at Fere 1 hl	www., on fuly 1 187.2

^{*} If a Married Woman or Widow. † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what. [Be very particular to fill all Blanks.]

PHYSICIAN'S CERTIFICATE.

Name of Deceased;*	Eva Stivers
Date and Place of Death, -	died at South toro Man. July 28 1892
Disease or Cause of Death, -	of Pneumonia Duration of Sickness how weeke
I certif	that the above is true, to the best of my knowledge and belief.
Name and Residence of Certifying Ph	sician J. Culva Walker
	Date of Certificate, Aug 17 1892
* Or Say of Infant (not named	

·No.

RETURN OF A DEATH.

		1 1
1.	Date of Death,	Buly 31 5 1890
2.	Name,	C. S. Warren J. Minnen Jan
	(Maiden Name),* .	
	(Name of Husband),*	
3.	Sex, and whether single,	A, 9
	Married, or Widowed,	Made 4
4.	Color,† · · · · ·	
5.	Age,	Years, 5 Months, 6 Days.
	Disease or Cause of Death,	
6.	Duration of Sickness, .	
	By whom certified, .	Dr. D. A. Paylinsoy
7.	Residence,	By the Loo plans
8.	Occupation,	Book Agent
9.	Place of Death,	South Horse
10.	Place of Birth,	Tyamingham.
11.	Name of Father,	Object of
12.	Name of Mother,	Sysany
13.	Birthplace of Father, .	Mark from
14.	Birthplace of Mother, .	Sudbyry
15.	Place of Interment, .	South How.
	Signature of Undertaker or other person making the Return,	Menry Neutor.
DAT	TED at Sould	on frely 31 18 7.

^{*} If a Married Woman or Widow. † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what. [Be very particular to fill all Blanks.]

1. Date of Death,
(Maiden Name),* (Name of Husband),* 3. Sex, and whether single, Married, or Widowed, 4. Color,† 5. Age, (Disease or Cause of Death, 6. Duration of Sickness, By whom certified, 7. Residence, 8. Occupation, 9. Place of Death, 11. Name of Father, 12. Name of Mother, 13. Birthplace of Father, 14. Birthplace of Mother, 15. Place of Interment,
(Name of Husband),* 3. Sex, and whether single, Married, or Widowed, 4. Color,† 5. Age, (Disease or Cause of Death, 6. Duration of Sickness, . By whom certified, . 7. Residence, 9. Place of Death, 10. Place of Birth, 11. Name of Father, 12. Name of Mother, 13. Birthplace of Father, . 14. Birthplace of Interment,
3. Sex, and whether single, Married, or Widowed, 4. Color,† 5. Age, Disease or Cause of Death, 6. Duration of Sickness, . By whom certified, . 7. Residence, 9. Place of Death, 10. Place of Birth, 11. Name of Father, 12. Name of Mother, 13. Birthplace of Father, . 14. Birthplace of Mother, . 15. Place of Interment, .
Married, or Widowed, 4. Color,† 5. Age,
4. Color,† · · · · · 5. Age, · · · · · Disease or Cause of Death, Curation of Sickness, · By whom certified, · Residence, · · · Place of Death, · · Name of Father, · · Name of Mother, · Birthplace of Mother, · Birthplace of Mother, · Birthplace of Mother, · Birthplace of Interment, ·
5. Age,
Disease or Cause of Death, Duration of Sickness, By whom certified, Residence, Place of Death, Place of Birth, Name of Father, Birthplace of Father, Birthplace of Mother, Place of Interment,
6. Duration of Sickness, . By whom certified, . 7. Residence, 8. Occupation, 9. Place of Death, 10. Place of Birth, 11. Name of Father, 12. Name of Mother, 13. Birthplace of Father, . 14. Birthplace of Mother, . 15. Place of Interment, .
By whom certified, 7. Residence, 8. Occupation, 9. Place of Death, 10. Place of Birth, 11. Name of Father, 12. Name of Mother, 13. Birthplace of Father, 14. Birthplace of Mother, 15. Place of Interment,
7. Residence,
8. Occupation,
9. Place of Death, 10. Place of Birth, 11. Name of Father, 12. Name of Mother, 13. Birthplace of Father, . 14. Birthplace of Mother, . 15. Place of Interment, .
10. Place of Birth, 11. Name of Father, 12. Name of Mother, 13. Birthplace of Father, . 14. Birthplace of Mother, . 15. Place of Interment, .
11. Name of Father,
12. Name of Mother,
13. Birthplace of Father,14. Birthplace of Mother,15. Place of Interment,
14. Birthplace of Mother, . 15. Place of Interment, .
15. Place of Interment, .
Manh / 1 0
Manh 1 S
Signature of Undertaker or other person making the Return,
DATED at DCCCATCAGE, on ALLS 1892

^{*} If a Married Woman or Widow. † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what. [Be very particular to fill all Blanks.]

PHYSICIAN'S CERTIFICATE.

Name of Deceased,* Date and Place of Death, Disease or Cause of Death, cortify that the above is true, to the best of my knowledge and belief. Name and Residence of Certifying Physician Date of Certificate,.....

^{*} Or Sex of Infant (not named).

-		
1.	Date of Death,	14019-15-1892
2.	Name,	12Bence / Ellen
	(Maiden Name),* .	
	(Name of Husband),*	
3.	Sex, and whether single,	122616
	Married, or Widowed,	
4.	Color,†	
5.	Age,	Years, Months, Days.
	(Disease or Cause of Death,	Sept. 27 Company
* 6.	Duration of Sickness,.	
	By whom certified,	16 liston Den
7.	Residence,	TGGENIL
8.	Occupation,	S. C. (1.82) C.,
9.	Place of Death,	
10.	Place of Birth,	4900 JUL 11 11-
11.	Name of Father,	Typicoln full or
12.	Name of Mother,	Annel Meller
13.	Birthplace of Father, .	Section 12 12 188
14.	Birthplace of Mother, .	11 11 11
15.	Place of Interment, .	11
	Signature of Undertaker or other person making the Return,	
Da'	red at SCUM	272, on 1/4 16 189.2
TT .		

^{*} If a Married Woman or Widow. † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

died at South boxo , Any 15th 18fg. of Camera Duration of Sickness & months
that the above is true, to the best of my knowledge and belief. Date of Certificate, A

RETURN OF A DEATH.

1. Date of Death,	August 18-92
2. Name,	Donald & Losurie
(Maiden Name),* .	
(Name of Husband),*	<i>f</i>
3. Sex, and whether single,	male
Married, or Widowed,	
4. Color,†	white
5. Age,	/ Years, 2 Months, /4Days.
Disease or Cause of Death,	Cholera infantum
6. Duration of Sickness, .	one with
By whom certified, .	pr Bradley
7. Residence,	Hesthoro Southbor
8. Occupation,	
9. Place of Death,	, , , , , , , , , , , , , , , , , , ,
10. Place of Birth,	Southboro
11. Name of Father,	Lona Pol J. Loevrin
12. Name of Mother,	Margaret Lowin
13. Birthplace of Father, .	northflut. Eng.
14. Birthplace of Mother, .	Brookline Mas,
15. Place of Interment, .	Holyhood cemely
	A A
Signature of Undertaker or other person making the Return,	Henry Merlon
DATED at Smhtor	v , on any, 19 189.2.

^{*} If a Married Woman or Widow. † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what. [Be very particular to fill all Blanks.]

RETURN OF A DEATH.

-		
1.	Date of Death,	Growi Remelli
2.	Name,	
	(Maiden Name),* .	
	(Name of Husband),*	
3.	Sex, and whether single,	
	Married, or Widowed,	
4.	Color,†	
5.	Age,	Years, 6 Months, Days.
	Disease or Cause of Death,	
6.	Duration of Sickness,.	Dipotuno.
	(By whom certified,	
7.	Residence,	Southton Tayvile
8.	Occupation,	
9.	Place of Death,	<u></u>
10.	Place of Birth,	Framughon Mine
11.	Name of Father,	Julius
12.	Name of Mother,	Charolotto Macerni
13.	Birthplace of Father, .	Italy
14.	Birthplace of Mother,.	(,)
15.	Place of Interment, .	Manny hour
	Signature of Undertaker or other person making the Return,	Jel EBarney
DA:	TED at South of	, on ang 28 189.5

^{*} If a Married Woman or Widow. † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

Name of Deceased,*	John Romalli
Date and Place of Death, -	died at Fay ville Auguss, 27 189.
	of Liphetinia Duration of Sickness Mrs days
= total tr dunit ty Deant,	

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician

Eusit, Rigelow

Date of Certificate, lugar 25 189

^{*} Or Sex of Infant (not named).

RETURN OF A DEATH.

1. Date of Death,	AUG 29-18/2
2. Name,	Arahie Afanieson
(Maiden Name),*	
(Name of Husband),*	Binste
3. Sex, and whether single,	
Married, or Widowed,	
4. Color,†	
5. Age,	14 Years, Months, / Days.
Disease or Cause of Death,	fulled & Cars
6. Duration of Sickness, .	//
(By whom certified, .	7-2
7. Residence,	1/22048/CL /4458
8. Occupation,	Suns mith,
9. Place of Death,	Gerdante Mass
10. Place of Birth,	Gast pesten
11. Name of Father,	Jelin In Lanneson
12. Name of Mother,	Beirah A Mison
13. Birthplace of Father, .	Deermuch Mice
14. Birthplace of Mother, .	/ cut of 31 4 chin
15. Place of Interment, .	Scuth l'ero meiss
Signature of Undertaker or other person making the Return,	In Dayfortand
DATED at SCICAL	140 , on Hely 30 1899

^{*} If a Married Woman or Widow. † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what. [Be very particular to fill all Blanks.]

RETURN OF A DEATH.

VALUE OF THE PROPERTY OF THE P	
1. Date of Death,	8-1-26-190
2. Name,	
(Maiden Name),* .	
(Name of Husband),*	
3. Sex, and whether single,	
Married, or Widowed,	
4. ('olor,†	
5. Age,	Years, Months, Days.
Disease or Cause of Death,	Dienterria
6. Duration of Sickness, .	
By whom certified, .	- fy
7. Residence,	
8. Occupation,	
9. Place of Death,	
10. Place of Birth,	11
11. Name of Father,	4.14.12.11.11
12. Name of Mother,	14,2504/-
13. Birthplace of Father, .	980000
14. Birthplace of Mother,.	
15. Place of Interment, .	- A - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
Signature of Undertaker or other person making the Return,	} An Angelatina
DATED at SCHER 211	7. , or Sell -26 18/2

^{*} If a Married Woman or Widow. † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what. [Be very particular to fill all Blanks.]

Name of Deceased,*	Katel miller
Date and Place of Death, -	died at Southwoo Sept, 26 1897
Disease or Cause of Death, -	of profault Diaston of Sickness
I certify Name and Residence of Certifying Phy.	that the above is true, to the best of my knowledge and belief.
* Or Say of Infant (not named)	Date of Certificate, Sept. 7

RETURN OF A DEATH.

	n 6
1. Date of Death,	\$C5+21-11
2. Name,	All the state of t
(Maiden Name),* .	
(Name of Husband),*	
3. Sex, and whether single,	
Married, or Widowed,	Midenso
4. Color,†	
5. Age,	Years, Months, Days.
(Disease or Cause of Death,	/3
6. Duration of Sickness, .	Diening
By whom certified, .	6
7. Residence,	30454 (BE/) 1835
8. Occupation,	CIEVALANAN
9. Place of Death,	A CESHLESO 100000
10. Place of Birth,	LITTER MEM
11. Name of Father,	LE TUCK DESTACA
12. Name of Mother,	The state of the s
13. Birthplace of Father, .	
14. Birthplace of Mother, .	IN FRANCE
15. Place of Interment, .	-S-11/1000 11/1000
Signature of Undertaker or other person making the Return,	
DATED at	, on 76 5 5 9 18 5.9
7771.1	

^{*} If a Married Woman or Widow. † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what. [Be very particular to fill all Blanks.]

	The land of b	rate of
Name of Deceased,*	preaman com	04000
Date and Place of Death, -	died at Vayville, Mars.	, / VIST 2 6 1892
Disease or Cause of Death, -	of Bright Disease Duration	of Sichness One year
V	Alte Kidneys.	
I certif	fy that the above is true, to the best of my knowled	ge and belief.
Name and Residence of Certifying Ph	ussician Q. C. Walf	Er
	Date of Certificate,	Cesh 29 1879
* Or Sey of Infant (not pamed)	1).	

Name of Deceased,*	Archie P. Jameson.
Date and Place of Death,	died at Southborough mass, Aug. 29, 1869?
Disease or Cause of Death, -	of Killed on the Duration of Sickness instant
I certij	by that the above is true, to the best of my knowledge and belief.
Name and Residence of Certifying P	hysician, WEnry A. Jewell (M. D. Morthboro Mass
*Or Sex of Infant (not har	pate of Certificate, Fugo 1897

No. A.

RETURN OF A DEATH.

1. Date of Death,	
2. Name,	
(Maiden Name),* .	
(Name of Husband),*	
3. Sex, and whether single,	
Married, or Widowed,	
4. Color,†	
5. Age,	Years, Months, Days.
(Disease or Cause of Death,	
6. Duration of Sickness, .	
(By whom certified,	
7. Residence,	1 6 7 / 5 - 7 / 5 - 7 / 5 - 7
8. Occupation,	
9. Place of Death,	
10. Place of Birth,	11 11 11
11. Name of Father,	Famos Mares
12. Name of Mother,	Merce Mecule
13. Birthplace of Father, .	19etanel
14. Birthplace of Mother, .	61
15. Place of Interment, .	market market
Signature of Undertaker or other person making the Return,	}
Dated at	My, on Sett -2) 18 92
* If a Married Woman or Widow	1

f If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

RETURN OF A DEATH.

1. Date of Death,	110-1-1892
2. Name,	mamie Mewler Gistyn
(Maiden Name),* .	Mewhore
(Name of Husband),*	SICO GOSTAN
3. Sex, and whether single,	
Married, or Widowed,	po cirriect
4. Color,†	
5. Age,	2C Years, 3 Months, 22 Days.
(Disease or Cause of Death,	Heart Frantiere
6. Duration of Sickness, .	Three Hittes
(By whom certified,	My E Mather
7. Residence,	Southitto mass
8. Occupation,	Comestic
9. Place of Death,	Southtigo hass
10. Place of Birth,	Huantelin 11
11. Name of Father,	Ghas A Menten
12. Name of Mother,	Altten In Butterd
13. Birthplace of Father, .	30 UTADERO POCISS
14. Birthplace of Mother, .	Francifin a
15. Place of Interment, .	South Colo
Signature of Undertaker or other person making the Return,	Jam ! Bacfurfand
DATED at SUUTALL	30 , on Aa-/ 189.2

^{*} If a Married Woman or Widow. † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what. [Be very particular to fill all Blanks.]

	Janes Efin Ont Tapilano
Name of Deceased,*	1 Lary 12 Could be seen
Date and Place of Death, -	died at South borough Sness WC 13/18792
Disease or Cause of Death, -	of HEAV Joilors; Duration of Sickness Itsen weeks
	Cours from Toresfiral fewers.
I certif	y that the above is true, to the best of my knowledge and belief.
	To Halks
Name and Residence of Certifying Ph	Date of Certificate, Soul 186 1879 2

^{*} Or Sex of Infant (not named).

Name of Deceased,*	man Elisabeth Tocelyn	
	died at Louthber Luch thess 6083/1862	
Date and Place of Death, -		
Disease or Cause of Death, -	of Heart Jackets, Buration of Sickness Jahre Creek	
I certify that the above is thue, to the best of my knowledge and belief		
Name and Residence of Certifying Physician The Mer		
	Date of Certificate, Levery 21	

^{*} Or Sex of Infant (not named).

RETURN OF A DEATH.

1. Date of Death,	102 1892
2. Name,	Sto St Ackton 4
(Maiden Name),*	, , , , ,
(Name of Husband),*	
3. Sex, and whether single,	
Married, or Widowed,	
4. Color,†	9/
5. Age,	Years, Months, Days.
Disease or Cause of Death,	4500 Drocks
6. Duration of Sickness, .	5/11/18
By whom certified,	46/101/11
7. Residence,	
8. Occupation,	p CAP.
9. Place of Death,	SUUNCTO Mass
10. Place of Birth,	the first of the second
11. Name of Father,	LIEC GESTELL
12. Name of Mother,	manise seulen
13. Birthplace of Father, .	Bangerone
14. Birthplace of Mother, .	Fire Whilin heass
15. Place of Interment, .	Sixitating 1
	Ann h A 1 -D
Signature of Undertaker or other person making	1 / Bacfurtand
the Return,	
DATED at OSCULA	256 on 10-2 1899

^{*} If a Married Woman or Widow. † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

Name of Deceased,*	Terros albrita Vicelia
Date and Place of Death, -	side at South on Mary How 2 1892
Disease or Cause of Death, -	of Septie Louisoning Duration of Sickness Que heek
I certif	y that the above is true, to the best of my knowledge and belief.
Name and Residence of Certifying Ph	Date of Certificate, WW 2 1899
** O G O O O O O O O O O O O O O O O O O	

^{*} Or Sex of Infant (not named).

RETURN OF A DEATH.

1. Date of Death,	100-19-1892
2. Name,	MOVE METERS
(Maiden Name),*	y
(Name of Husband),*	4-correlate Nosto
3. Sex, and whether single,	
· Married, or Widowed,	100000000000000000000000000000000000000
4. Color,†	
5. Age,	Years, Months, Days.
Disease or Cause of Death,	*
6. Duration of Sickness, .	for the same of th
(By whom certified,	
7. Residence,	S 62/1
8. Occupation,	Flank Comment
9. Place of Death,	35000 51250
10. Place of Birth,	11
11. Name of Father,	1772 4122,00
12. Name of Mother,	
13. Birthplace of Father, .	ENGLES C
14. Birthplace of Mother,	3011
15. Place of Interment, .	11 11
Signature of IIndontalian	
Signature of Undertaker or other person making	
the Return,)
DATED at	on

^{*} If a Married Woman or Widow. † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what. [Be very particular to fill all Blanks.]

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

To the Clerk or Registrar of the Town or City in which the Death occurred.

17 10 45	Mary Mary Mary Mary Mary Mary Mary Mary
Name and Sex of Deceased, .	1 Mi Cancelli Colonia
Date and Place of Death,	1899 Drov. 19th South Jeans, Thass.
Disease, First or Primary,	Robert Duration of, Sudden
of Death, Secondary,	Duration of,
	Dated at Section 18 99

RETURN OF A DEATH.

1. Date of Death,	100526-1892
2. Name,	11111901
(Maiden Name),*	
(Name of Husband),*	
3. Sex, and whether single,	
Married, or Widowed,	Mennied
4. Color,†	
5. Age,	Years, Months, Days.
Disease or Cause of Death,	Heart Jertene
6. Duration of Sickness, .	7 1-6013
By whom certified,	0 600
7. Residence,	800111000 GHOLDO
8. Occupation,	Religion cent
9. Place of Death,	SOUF TOW
10. Place of Birth,	JI Y
11. Name of Father,	ESEGR PULLSON
12. Name of Mother,	nut citiz
13. Birthplace of Father, .	11-11-
14. Birthplace of Mother, .	
15. Place of Interment, .	STEPTEN
Signature of Undertaker	non Marcher -a
or other person making the Return,	80
DATED at South	toro, on An 3/ 1892

^{*} If a Married Woman or Widow. † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what. [Be very particular to fill all Blanks.]

Name of Deceased,*	William P.	Willson	4, 4
Date and Place of Death, -	died at Douthborough	, November -	20 th 1892,
Disease or Cause of Death, -	of Toftening of the Bra	Duration of Sickness	s 3 years.
I certify that the above is true, to the best of my knowledge and belief. Albert Ho Blanchard M. D. Therborn			
Name and Residence of Certifying Phys.		Certificate, Therborns, M.	ass, Nov. 21, 1892.

^{*} Or Sex of Infant (not named).

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	Nov. 22 1872
2. Name,	+ Eache Adams
(Maiden Name),*	
(Name of Husband),*	
3. Sex, and whether single,	male
Married, or Widowed,	#
4. Color,†	whate : Recentled mile hauteting
5. Age,	O Years, O Months, Days.
Disease or Cause of Death,	Cramotomy.
6. Duration of Sickness, .	no ducations
By whom certified,	Gardner C. Fieres M.D.
7. Residence,	S'outh baro
8. Occupation,	#
9. Place of Death,	Southboro.
10. Place of Birth,	Por the baro
11. Name of Father,	Ernest L. Idami,
12. Name of Mother,	Rule 1. Adams Delling
13. Birthplace of Father, .	Waldobars ME
14. Birthplace of Mother, .	Gargeet Cer Makes
15. Place of Interment, .	3000 Collection
Signature of Undertaker or other person making the Return,	A.A. Mayateel
DATED at BURELLA	20 , on 11 - 23 189.9

[Be very particular to fill all Blanks.]

^{*} If a Married Woman or Widow. † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

RETURN OF A DEATH.

	of the bound of th
 Date of Death, Name, 	Dec
(Maiden Name),*	(
(Name of Husband),*	
3. Sex, and whether single,	
Married, or Widowed,	
4. Color,†	
5. Age,	Years, Months, Days.
Disease or Cause of Death, (Primary and Secondary), † Control of Sickness,	
By whom certified, .	
7. Residence,	
8. Occupation,	1
9. Place of Leath,	
10. Place of Birth,	44
11. Name of Father,	4-1-2-12
12. Name of Mother,	
(Maiden Name), 13. Birthplace of Father, .	110
14. Birthplace of Mother, .	71 - 1
5. Place of Interment,	(
Signature of Undertaker or other person making the Return,	
Dated at	, on18

^{*} If a Married Woman or Widow. ‡ If a Soldier who served in the War of the Rebellion. † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

Name of Deceased,*	ms Bullen	
Fate and Place of Death, -	died at Druthton Den	.18
ease or Cause of Death, -	of Parulysis Duration	n of Sickness
I certify Name and Residence of Certifying Phy	that the above is true, to the best of my knowledge sician Leaf Leaf Date of Certificate, e	ed prot.

^{*} Or Sex of Infant (not named).

No. VB

RETURN OF A DEATH.

1. Date of Death,	Den: 13 -1892
2. Name,	Meiry St 13 the 18
(Maiden Name),*	m Santin
(Name of Husband),*	JETHAN SALTENAS
3. Sex, and whether single,	
Married, or Widowed,	17 Charles Co
4. Color,†	
5. Age,	Years, Months, Days.
Disease or Cause of Death,	TOWN Shelle
6. Duration of Sickness, .	
(By w im certified,	0 1100 00
7. Residence,	SOUT 1010 SHUSS
8. Occupation,	- Again and the Color of the Co
9. Place of Death,	DOUTED DE MUSS
10. Place of Birth,	Deel name on the
11. Name of Father,	All hope of the second
12. Name of Mother,	Hansiell Tillesis
13. Birthplace of Father, .	Dellacin "
14. Birthplace of Mother,.	11 11 11
15. Place of Interment, .	SICITE CONTRACTOR
Signature of Undertaker or other person making the Return	
Dated at	on (185.2)

^{*} If a Married Woman or Widow. † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what. [Be very particular to fill all Blanks.]

RETURN OF A DEATH.

	(1
1. Date of Death,	Jen -17 -1873
2. Name,	Buchus Series Gr
(Maiden Name),* .	
(Name of Husband),*	
3. Sex, and whether single,	8711PTC
Married, or Widowed,	
4. Color,†	
5. Age,	Years, Months, Days.
Disease or Cause of Death,	Juffeel & Cays
6. Duration of Sickness, .	46.
(By whom certified,	C/2 Fencte
7. Residence,	Conclair the Shass
8. Occupation,	Decreeting a Con
9. Place of Death,	Cudaritte Scullar
10. Place of Birth,	Mitt west arm Active
11. Name of Father,	Bhones Surtes
12. Name of Mother,	Certheirie Bahmen
13. Birthplace of Father, .	Refance 1
14. Birthplace of Mother, .	Hafiray Ack
15. Place of Interment, .	4 11 4 12 11
	Montroll 10
Signature of Undertaker or other person making	1 / A deferrend
the Return,	
DATED at SCOTA	1710, on 19011/8 18/3
* If a Married Woman or Widow.	2

[†] If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

If the deceased was a soldier or sa for who served in the war of the rebellion, give both the primary and secondary cause of death. See Chap. 224, Acts of 1889.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,*	Thornas Dooley from nova Scatea, Age, About 30 years
Date and Place of Death, -	died at South borough Muss Jan. 17 18 93
Disease or Cause of Death, -	A Killed on Railroad Duration of Skeness
I certif	y that the above is true, to the best of my knowledge and belief.
Name and Residence of Certifying Pr	insician, Henry A. Jewett M.S. Morcette Co.
NOT See of Lifety (and account	Date of Certificate, fluvory file 1893
*Or Sex of Infant (not nam	[May, 1888.]

Merthborough Jan, 17, 93

If the deceased was a soldier or se'lor who served in the war of the rebellion, give bot, the primary and secondary cause of death. See Chap. 224, Acts of 1889.

		- 1	HYSICIAN'S C	ERITFICATE.	
CORDAVILL Wevening, T. Weven	Death, -	Thomas & died at South le wood	borough Mas ail-Duration of Sitteness	Age, about 39 yrs S. Jon 18, 1893	
	vsician, Herry Da	best of my knowledge and belief. Pewelling Eyan te of Certificate, forman	Northbow Mars		
	*Or Sex of	Infant (not nam	ed).		[May, 1888.]

RETURN OF A DEATH.

1. Date of Death,	January 30 - 1893
2. Name,	Frances Fishe Ridden
(Maiden Name),* .	
(Name of Husband),*	
3. Sex, and whether single,	france
Married, or Widowed,	
4. Color,†	White
5. Age,	Years, 2 Months, 3 Days.
Disease or Cause of Death, (Primary and Secondary), † Control of Sickness,	hukum
By whom certified,	Dr Kohum
7. Residence,	Juston
8. Occupation,	
9. Place of Death,	11-
10. Place of Birth,	,
11. Name of Father,	Charles a Kiddle
12. Name of Mother,	Jurephon B. Redder
3. Birthplace of Father, .	Boston
4. Birthplace of Mother, .	, ,
5. Place of Interment, .	Cam Indp
Signature of Undertaker or other person making the Return,	Pars m. Buutt
DATED at Smillen	, on 526 2 00 18 9.3
* If a Manufad Waman an Widow + I	fo Coldien when the Ware Cale Del Illian

^{*} If a Married Woman or Widow. ‡ If a Soldier who served in the War of the Rebellion. † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

To the Clerk or Registrar of the Town or City in which the Death occurred.

Name and Sex of Deceased, .	S-18 1-2 1892
D ise, First or Primary,	Sider de Doration of,* Course In Rancio Duration of,
I certify that to	he above is a true Return, to the best of my recollection and belief. Dated at South Dated at S

[[]Be very particular to fill all Blanks.]

^{*} Reckoned to the time of death.

RETURN OF A DEATH.

1. Date of Death,	Fra Peb, 3, 1873
2. Name,	Vicoriginanov Cercuster
(Maiden Name),* .	" Perry
(Name of Husband),*	VIA. Collington
3. Sex, and whether single,	Flerrecci
Married, or Widowed,	V/ archerin
4. Color,†	
5. Age,	Years, Months, Days.
Disease or Cause of Death,	Hear Failing
6. Duration of Sickness,.	0 1 0 10
By whom certified,	- W. M. Paulla Julal M
7. Residence,	- Vante aux Mine
8. Occupation,	
9. Place of Death,	J. O. W. L. Corre
10. Place of Birth,	Stickel and
11. Name of Father,	Waltier Verry
2. Name of Mother,	Western Breen Holad
13. Birthplace of Father, .	Un Burn
4. Birthplace of Mother, .	
5. Place of Interment, .	the state of the s
Signature of Undertaker or other person making the Return,	} Calce Follower
DATED at ATLANT	on 187.3

^{*} If a Married Woman or Widow. † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what. [Be very particular to fill all Blanks.]

RETURN OF A DEATH.

	· · · · · · · · · · · · · · · · · · ·
1. Date of Death,	100000000000000000000000000000000000000
2. Name,	
(Maiden Name),* .	
(Name of Husband),*	
3. Sex, and whether single,	97.71.71
Married, or Widowed,	
4. Color,†	
5. Age,	Years, Months, Days.
Disease or Cause of Death,	Ec. 332, 6334 3, 663 36
6. (Duration of Sickness, .	4 MENING
By whom certified, .	4
7. Residence,	Setting
8. Occupation,	
9. Place of Death,	
10. Place of Birth,	461111 miles 2120
11. Name of Father,	14 122 GC 111 21 X
12. Name of Mother,	Jeggin Capin distant
13. Birthplace of Father, .	
14. Birthplace of Mother, .	in the second se
15. Place of Interment, .	Hey much Vic
Signature of Undertaker or other person making the Return,	} 1/1/6/2009
DATED at	18 .

^{*} If a Married Woman or Widow. † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what. [Be very particular to fill all Blanks.]

and Place of Death, - died at South In Fug. 14 1893.

"se or Cause of Death, - of hemalgia & heart Duration of Sickness to Say

I certify that the above is true, to the best of my knowledge and belief.

. c and Residence of Certifying Physician & M. Bullin Field Mist.

Date of Certificate, 7000 13

^{*} Or Sex of Infant (not named).

RETURN OF A DEATH.

1. Date of Death,	Tel12 /3/3
2. Name,	40131312 11 JULION
(Maiden Name),*	
(Name of Husband),*	
3. Sex, and whether single,	
Married, or Widowed,	
4. Color,†	
5. Age,	Years, Months, Days.
Disease or Cause of Death,	Heart Sarking
6. Duration of Sickness, .	24 4024 2
By whom certified, .	
7. Residence,	Section -
8. Occupation,	Sund San
9. Place of Death,	
10. Place of Birth,	Same Same
11. Name of Father,	Seerce Settadonece
12. Name of Mother,	Herman Brade
13. Birthplace of Father, .	Della terta
14. Birthplace of Mother, .	1107646 12165
15. Place of Interment, .	17-67-6000
Signature of Undertaker or other person making the Return,	}
DATED at	, on18 / }
7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	

^{*} If a Married Woman or Widow. † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what. [Be very particular to fill all Blanks.]

RETURN OF A DEATH.

1. Date of Death,	M
2. Name,	
(Maiden Name),* .	1 /intring
(Name of Husband),*	4000 F 11
3. Sex, and whether single,	<u> </u>
Married, or Widowed,	
4. Color,† · · · · ·	
5. Age,	Years, Months, Days.
Disease or Cause of Death, (Primary and Secondary), Couration of Sickness,	
(By whom certified,	
7. Residence,	machine
8. Occupation,	
9. Place of Death,	
10. Place of Birth,	21600000
11. Name of Father,	gran and the same of the same
12. Name of Mother,	ander Pours Col
(Maiden Name), 13. Birthplace of Father, .	
14. Birthplace of Mother,	11
15. Place of Interment, .	
Signature of Undertaker or other person making the Return,	
DATED at Bester	00 , on Openi-6 1898

^{*} If a Married Woman or Widow. ‡ If a Soldier who served in the War of the Rebellion, † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	march. 14th 1893
	bondal! Nather
2. Name,	Cordery Dirthard
(Maiden Name),*	gruena Garuser
(Name of Husband),*	Agulus Stodana
3. Sex, and whether single,	
Married, or Widowed,	
4. Color,†	
5. Age,	66 Years, 10 Months, 25 Days.
Disease or Cause of Death, (Primary and Secondary), ‡ Ouration of Sickness,.	
By whom certified, .	7 7
7. Residence,	sout Soroute Phase
8. Occupation,	
9. Place of Death,	Southborough Mass.
10. Place of Birth,	Mewark Clemont
11. Name of Father,	Mulemon Carticle
12. Name of Mother, (Maiden Name),	Jally Balt
13. Birthplace of Father, .	(Luthrey Vermont
14. Birthplace of Mother, .	0
15. Place of Interment, .	South on
Signature of Undertaker or other person making the Return,	Chas. S. Dinnie
Direct of March	on Manh 15th 1893

[Be very particular to fill all Blanks.]
Plate. Ed. September, 1892.—5,000.

^{*} If a Married Woman or Widow. ‡ If a Soldier who served in the War of the Rebellion. ‡ If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

Commonwealth of Massachusetts. RETURN OF A DEATH.

	the state of the s
1. Date of Death,	
2. Name,	
(Maiden Name),*	. Sement
(Name of Husband),	*
3. Sex, and whether single	,
Married, or Widowed	, Day, ed
4. Color,†	
5. Age,	Years, Months, Days.
Disease or Cause of Death (Primary and Secondary), to Duration of Sickness,	- a alasa
By whom certified,	
7. Residence,	. 3000
8. Occupation,	A Court Salar
9. Place of Death,	Louiser Sun
	the of root from the
10. Place of Birth,	
11. Name of Father, .	· Name District
12. Name of Mother, . (Maiden Name),	• 1
13. Birthplace of Father,	
14. Birthplace of Mother,	· Sharphalanda had been been been been been been been bee
15. Place of Interment,	· And the state of
Signature of Undertak or other person makin the Return,	
Dated at	, on18

^{*} If a Married Woman or Widow. ‡ If a Soldier who served in the War of the Rebellion. ‡ If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

RETURN OF A DEATH.

1. Date of Death,	190000000000000000000000000000000000000
(Maiden Name),* .	
(Name of Husband),*	
3. Sex, and whether single,	,
Married, or Widowed,	1/0/01/2/101
4. Color,†	
5. Age,	Years, Months, Days.
Disease or Cause of Death,	Heart Fair
6. Duration of Sickness, .	5 61:5234
(By whom certified, .	
7. Residence,	
8. Occupation,	
9. Place of Death,	2 3 5 3 7 1 d 1 d 1 d 1 d 1 d 1 d 1 d 1 d 1 d 1
10. Place of Birth,	J. C. 25 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
11. Name of Father,	Cofficient of 2 2 2 2 2 2 2
12. Name of Mother,	WALLE INTERIOR
13. Birthplace of Father, .	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
14. Birthplace of Mother, .	
15. Place of Interment, .	0111-8:43
Signature of Undertaker or other person making the Return,	
Dated at	, on 187.

^{*} If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

To the Clerk or Registrar of the Town or City in which the Death occurred.

I certify that the above is a true Return, to the best of my recollection and belief. Name, Professional Title, and Residence, Dated at Surfley and Residence, Dated at Surfley and Residence, 18 93.	Date and Place of Death,	Jonathan Deutling Heart die	Duration of,	sestain
[Be very particular to fill all Blanks.]	I certify that the	Dated at	the best of my recollection and belief.	n 18 93.

No. / RETURN OF A DEATH.

		· · · · · · · · · · · · · · · · · · ·
1.	Date of Death,	411, 200
2.	Name,	J. R. C. S. L. Sanda and S. G. L. V. L. C. L. S.
	(Maiden Name),* .	
	(Name of Husband),*	
3.	Sex, and whether single,	2377
	Married, or Widowed,	
4.	Color,†	
5.	Age,	
	Disease or Cause of Death,	
6.	Duration of Sickness,.	6 NHLO
	(By whom certified,	Dr Helites
7.	Residence,	
8.	Occupation,	111111111111111111111111111111111111111
9.	Place of Death,	
10.	Place of Birth,	Marra General
11.	Name of Father,	Clive La fentan
12.	Name of Mother,	may It Prosence
13.	Birthplace of Father, .	Eandele
14.	Birthplace of Mother, .	43. 111. 1
15.	Place of Interment, .	
	Signature of Undertaker or other person making the Return,	} // / // // // // // // // // // // //
DA	TED at	51/60, on 1/2/11/01 18%.

^{*} If a Married Woman or Widow. † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what. [Be very particular to fill all Blanks.]

Name and Age of Deceased, Heavy Latvitains Age, 21 3	/
Date and Place of Death, - died at Southon April 29 1898	
Disease or Cause of Death, - of Bught, Bisease (Primary and Secondary.)† Duration of Sickness, Chronic	
I certify that the above is true, to the best of my knowledge and belief. Signature and Residence of Certifying Physician,	
Date of Certificate, 1893	

*Or Sex of Infant (not named). | If a soldier or sailor who served in the War of the Rebellion.

Plate. Ed. February, 1892. - 5,000.

RETURN OF A DEATH.

1. Date of Death,	may 25, 1898
2. Name,	meletable B. Chamberias
(Maiden Name),*	I hetalis Bacon ? . se
(Name of Husband),*	John Exampedani
3. Sex, and whether single,	Female
Married, or Widowed,	nidonal
4. Color,†	
5. Age,	Years, 3 Months, 24 Days.
Disease or Cause of Death,	Consumption
6. Duration of Sickness,	The enda half years
By whom certified, .	Dr. G. M. Butte chief
7. Residence,	South brough
8. Occupation,	*
9. Place of Death,	forth brough
10. Place of Birth,	Weedham In market
11. Name of Father,	Agniel morse
12. Name of Mother,	Mintalle Baser
	1/201/10/12
13. Birthplace of Father, .	Noed hans
14. Birthplace of Mother, .	2 Thank
15. Place of Interment, .	
Signature of Undertaker or other person making the Return,	Jama M. Borrant
DATED at 7027 /227	, on 1114 4 2 5 18 ??

^{*} If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

RETURN OF A DEATH.

A SHOW I	
1. Date of Death,	fisher to the
2. Name,	
(Maiden Name),*	
(Name of Husband),*	
3. Sex, and whether single,	91111
Married, or Widowed,	
4. Color,†	
5. Age,	Years, Months, Days.
Disease or Cause of Death,	((
6. Duration of Sickness, .	G 1/1: 6.171 182
(By whom certified,	
7. Residence,	, , , , , , , , , , , , , , , , , , ,
8. Occupation,	
9. Place of Death,	
10. Place of Birth,	1
11. Name of Father,	6 4 122 ha 6 1 1 1 24 3
12. Name of Mother,	
13. Birthplace of Father, .	930101161
14. Birthplace of Mother, .	
15. Place of Interment, .	1 t C 1 t 1 d d d d d d d d d d d d d d d d d
Signature of Undertaker or other person making the Return,	}
DATED at	18 .

^{*} If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.
[Be very particular to fill all Blanks.]

e of Deceased,*	annie	Flandeau	
and Place of Death,	died at South	too Fug. 14	187 }
use or Cause of Death, -	fremalgia ?	heart Duration of Sickness to	wday
I antifer	that the above is true to the	e best of my knowledge and belief.	
e and Residence of Certifying Phy	le m B.	the Feld ma	7.
The state of the s		Date of Certificate, Fred 15.	1893.

^{*} Or Sex of Infant (not named).

RETURN OF A DEATH.

	The state of the s
1. Date of Death,	Jet-12/1/19
2. Name,	J. 000000 112 Jell 1911 1201
(Maiden Name),*	
(Name of Husband),*	
3. Sex, and whether single,	
Married, or Widowed,	
4. Color,†	
5. Age,	Years, Months, Days.
Disease or Cause of Death,	Heart Justine
6. Duration of Sickness, .	24 46643
By whom certified, .	
7. Residence,	Dec//12/11
8. Occupation,	Sunit San
9. Place of Death,	Section of the sectio
10. Place of Birth,	Jacob Santa
11. Name of Father,	Sterre Fatadena
12. Name of Mother,	Fermen Brade
13. Birthplace of Father, .	101-1-1
14. Birthplace of Mother, .	110 1 100 Days
15. Place of Interment, .	
Signature of Undertaker or other person making the Return,	
DATED at	, on18 ½ ½

^{*} If a Married Woman or Widow. † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what. [Be very particular to fill all Blanks.]

No. 6 RETURN OF A DEATH.

mn		
1.	Date of Death,	12/10/2014
2.	Name,	
	(Maiden Name),* .	
	(Name of Husband),*	form & Hearing
3.	Sex, and whether single,	
	Married, or Widowed,	1 1 1 6 6 1
4.	Color,†	
5.	Age,	Years, Months, Days.
6.	Disease or Cause of Death, (Primary and Secondary), † Duration of Sickness, .	72.4
	By whom certified,	
7.	Residence,	muchinost hig
8.	Occupation,	
9.	Place of Death,	Settle Conce
10.	Place of Birth,	machice fee 104
11.	Name of Father,	Granderinas
12.	Name of Mother,	Inail Busins for
13.	(Maiden Name), Birthplace of Father, .	12321626363830 11328
14.	Birthplace of Mother, .	11
15.	Place of Interment, .	
	Signature of Undertaker or other person making the Return,	} ///
Dat	ED at SECULE	, on (11) c 10 (-6 18)

^{*} If a Married Woman or Widow. ‡ If a Soldier who served in the War of the Rebellion. † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

No.....

RETURN OF A DEATH.

1. D	ate of Death,	march 14th 1893
2. N		Cordelia Stodard
(Maiden Name),*	Cordelia Carterel
	Name of Husband),*	Alpheus Stoddard
3. Se	x, and whether single,	/
	Married, or Widowed,	
4. Co	olor,†	
5. Ag	ge,	66 Years, 10 Months, 25 Days.
1 (sease or Cause of Death, Primary and Secondary),‡ Aration of Sickness,.	1
$(B_{3}$	whom certified, .	A A
7. Re	esidence,	Sout bosonin Hass
8. Oc	ecupation,	
9. Pl	ace of Death,	Southborough Make
10. Pl	ace of Birth,	Memark Vermont
11. Na	ame of Father,	Mulemon Cartwell
12. Na	me of Mother,	-tally Ball
	Maiden Name), rthplace of Father, .	Gutterey Vermont
14. Bi:	rthplace of Mother, .	
15. Pla	ace of Interment, .	South to 22
0	mature of Undertaker other person making the Return,	Chas. S. Dinnie
DATED	at South for	on Manh, 19th 1893

^{*} If a Married Woman or Widow. If a Soldier who served in the War of the Rebellion. If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

Commonwealth of Massachusetts. RETURN OF A DEATH.

1.	Date of Death,	
2.	Name,	
	(Maiden Name),* .	Jen 25,21
	(Name of Husband),*	71 CC () ()
3.	Sex, and whether single,	
	Married, or Widowed,	Mazzice
4.	Color,† · · · ·	
õ.	Age,	Years, Months, Days.
6.	Disease or Cause of Death, (Primary and Secondary), ‡ Duration of Sickness,	3 al
	By whom certified, .	
7.	Residence,	
8.	Occupation,	Receled
9.	Place of Death,	<u> </u>
10.	Place of Birth,	Bud will flegel and
11.	Name of Father,	GUM / MILLIA COM
12.	Name of Mother, (Maiden Name),	1347017 1711
13.	Birthplace of Father, .	11 4 17 11 21 11 22
14.	Birthplace of Mother, .	<u> </u>
15.	Place of Interment, .	
	Signature of Undertaker or other person making the Return,	} ///2 ////////////////////////////////
DA	TED at O	on 1100 72 1870

^{*} If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion. † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death oscurred.

1. Date of Death,	Mar 30.1,893
2. Name,	David D. Harvey
(Maiden Name),* .	
(Name of Husband),*	
3. Sex, and whether single,	male
Married, or Widowed,	married
4. Color,†	W.
5. Age,	48 Years, Months, 20 Days.
(Disease or Cause of Death,	acute mania & Exhaustion
(Primary and Secondary), † 6. Duration of Sickness,	In Hospital about 12 hours
By whom certified,	C. F. Bothfeed M. D.
7. Residence,	Southborn
8. Occupation,	Farmer
9. Place of Death,	Westborn, Mass
·	nova. Scotia
10. Place of Birth,	Cohn, Hanney
11. Name of Father,	(D) a (D)
12. Name of Mother, (Maiden Name),	(Olgnes (Dow))
13. Birthplace of Father, .	J Roja Scotia
14. Birthplace of Mother, .	f " "
15. Place of Interment, .	x) outhor
true copy Signature of Undertaker	9 /
or other person making	(serm a / O nace
Muchselara,	Jana Ken
DATED at Vestoor	o, on April 15 18 93
Name of the second seco	V

[Be very particular to fill all Blanks.]
Plate. Ed. September, 1892.—5,000.

^{*} If a Married Woman or Widow. ‡ If a Soldier who served in the War of the Rebellion. † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

Name and Age of Deceased,*	David B.	Harran	Age,
Date and Place of Death, -	died at Westlow' Ho	spital miles	w. 30 1893.
Disease or Cause of Death, - (Primary and Secondary.)	of acute Ma	mia 4 Ixl	ranston
Duration of Sickness,	In Hospital		
I certifying a Signature and Residence of Certifying a	fy that the above is true, to the be	est of my knowledge and	Westlow.
		V	30 1893.

^{*}Or Sex of Infant (not named). † If a soldier or sailor who served in the War of the Rebellion.

Plate. Ed. February, 1892. — 5,000.

UNDERTAKER'S RETURN

To the Board of Health of the City of Worcester.

		1 1 1 1 1
Date of Death May	28 th 393 Name Janus 9	wes Whiting
Maiden Name	Sex Single or Widowed Sungle	male.
Color Male. Mar	ried, Single or Widowed Sungle	1
Age 63	Years 9 Mo	nths // Days
Disease or Cause of Death, Fig.	est or Primary	
Se	condary, if any	
Name of the Physician		
Residence of the Deceased, No	•	Street
Occupation	Husband's Name	
Place of Death, No.	j	Street
Place of Birth Roy	rafstan Grass	
Father's Name	the Whiting	
	hrewsbury - hress	
Mother's Maiden Name	rang Bernelall.	
	that grass.	
Place of Interment	authboro. Mass. Cemeter	cy.
Signatur	of Undertaker or Informer	
Dated at Worcester, this	day of	
Dhariaia	o's Cartificate of the Cause of	Dooth
Physicial	n's Certificate of the Cause of	Death.
Date of Death		
Name and Sex of Deceased		
Place of Death	No.	Street
		Duration of*
Disease First or Primary Cause		
of Death. Secondary		Duration of
I certify that the above is	a true Return, to the best of my recollection an	d belief.
Name and Professional Title		
	~.	etet
Dated at Worce	ster, this day of	
[Be very particular to fill all the Blanks.]		* Reckoned to the time of Death.
Approved,		D 1 C TT 7/2
		Board of Health.

AN ACT

IN RELATION TO THE RETURNS OF BIRTHS AND DEATHS.

Be it enacted, etc., as follows:

Section 1. The clerk or registrar of each city and town shall on the first day of each month make a certified copy of the record of all deaths and births recorded in the books of said city or town during the previous month, whenever the deceased person or the parents of the child born, were resident in any other city or town in this Commonwealth at the time of said death or birth; and shall transmit said certified copies to the clerk or registrar of the city or town in which such deceased person or parents were resident at the time of said death or birth, stating in addition the name of the street and number of the house, if any, where such deceased person or parents so resided, whenever the same can be ascertained; and the clerk or registrar so receiving such certified copies shall record the same in the books kept for recording deaths or births. Such certified copies shall be made upon blanks to be furnished for that purpose by the secretary of the Commonwealth.

SECTION 2. This act shall take effect upon its passage. [Approved April 5, 1889.

Blank to be used in compliance with the foregoing.

Copy of the Record of a

DEATH

	La Fritz Cant	
recorded in the books of the Orty of Poston		
during the month		
1. Date of Death,	July 22/93	
2. Name,	Jarnes & Howes	
(Maiden Name),		
(Name of Husband),		
3. Sex, and whether single,	Male	
Married, or Widowed,	Single	
4. Color,	White	
5. Age,	23 Years, Months, Days.	
Disease or Cause of Death,	Railroad acident	
6. Duration of Sickness,		
By whom certified,	of W. Draper Mo. 2	
7. Residence,	Southboros	
8. Occupation,	Driver of mick wagon	
9. Place of Death,	Greeland St. Station 10 r. A. R.R.	
10. Place of Birth,	New Talem	
11. Name of Father,	Heiah	
12. Name of Mother,	adaline Whiting	
13. Birthplace of Father, .	Farmouth 1	
14. Birthplace of Mother, .	Southbaco	
15. Place of Interment, .	New Valeur	
I certify that the	ne foregoing is a true copy.	
	Attest: John O. Short	
aug / 8 189:	3. Casit laites Registras and	
	(City or Town)	

[SEE OTHER SIDE]

UNDERTAKER'S RETURN TO THE BOARD OF HEALTH, MARLBOROUGH.		
Date of Death, July 31st 1893		
Name,	William lovey Cool	
Maiden Name,*	Sex,	
Married, single or wid	ow, Marses wife of	
Onco.	57 years,	
Color, Mate	Age, 2 months,	
. 0	26 days,	
Residence, Don	Uhlero Mass	
Place of death, Street	and No. Ward,	
Place of Birth, Dag	Coille U.B. Occupation, Tanne	
Name of Mother, All	Maiden Name, Jungley	
Name of Father, O	la itead	
Birthplace of Father,	() (De D	
Birthplace of Mother		
	Chipman Courtery	
*If a married woman or a widow. †Give the name of the burial ground.		
Signature of Undertaker or o	ther person } Januar Child	
making the return.		
PHYSICIAN'S CER	RTIFICATE OF THE CAUSE OF DEATH.	
	Marlborough, July 3 / 189 2	
Name of Deceased,	William Toyrey Read	
Date and Place of Death,	Southborough Mas	
Disease or Cause of Death, Malmutrition Speneral Debility.		
Thoras legisla that the above is twee to the heat of my humaledge and helief		
I hereby certify that the above is true, to the best of my knowledge and belief.		

Name and residence, Losege

*It is very desirable to be informed of the duration of the disease.

RETURN OF A DEATH.

1. Date of Death,	
2. Name,	
(Maiden Name),* .	
(Name of Husband),*	
3. Sex, and whether single,	(D)(1394-001
Married, or Widowed,	
4. Color,†	
5. Age,	Years, Months, Days.
Disease or Cause of Death,	Heart Thirture
6. Duration of Sickness, .	4 1144/60
(By whom certified,	
7. Residence,	
8. Occupation,	
9. Place of Death,	
10. Place of Birth,	
11. Name of Father,	2022
12. Name of Mother,	DIAM WELL HONOR
13. Birthplace of Father, .	1515 1116/11814
14. Birthplace of Mother, .	
15. Place of Interment, .	
Signature of Undertaker or other person making the Return,	}
Dated at	15 7, on 77 11 5 18 5
* If a Married Woman or Widow	

^{*} If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

RETURN OF A DEATH.

1. Date of Death,	Aug 26, 1893
2. Name,	Edward A, Juild
(Maiden Name),* .	
(Name of Husband),*	
3. Sex, and whether single,	Mule
Married, or Widowed,	Married
4. Color,†	W
5. Age,	4 / Years, 5 Months, / Days.
Disease or Cause of Death, (Primary and Secondary), ‡ 6. (Duration of Sickness,	
By whom certified, .	Henry & fewett Wediene tox
7. Residence,	Southbord " Condairle"
8. Occupation,	12 cuchsmith
9. Place of Death,	Jour thousand
10. Place of Birth,	Novia Levilia
11. Name of Father,	George Full
12. Name of Mother,	Jennie Loyan
(Maiden Name), 13. Birthplace of Father, .	Norra & solice
14. Birthplace of Mother, .	
15. Place of Interment, .	Southborn Plans.
Signature of Undertaker or other person making the Return,	Evere & L. Bridge
DATED at Sauthbo	nr, on Aug 27 1893

^{*} If a Married Woman or Widow. ‡ If a Soldier who served in the War of the Rebellion. ‡ If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and secondary cause of death. See Chap. 224, Acts of 1889.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,*	Edward Augustine	Guild no Age.	hs-mos-days.
Date and Place of Death, -	died at Cordaville-Sout	thoborough thasset	19.26 18 9.3
Disease or Cause of Death, -	of drowning)		slant -
Name and Residence of Certifying Ph	withat the above is true, to the best of my	Ind Medical Enja	mener.
*Or Sex of Infant (not name		reister County bificate, 27 August	[May, 1888.]

RETURN OF A DEATH.

W. L. W	The second secon
1. Date of Death,	06/17 24 1576
2. Name,	-1/2011/11/11/11
(Maiden Name),*	
(Name of Husband),*	
3. Sex, and whether single,	8151010
Married, or Widowed,	
4. Color,†	
**	/> /
5. Age,	Years, Months, Days.
Disease or Cause of Death, (Primary and Secondary),‡	
6. Duration of Sickness, .	4
By whom certified,	
7. Residence,	
8. Occupation,	
9. Place of Death,	S
10. Place of Birth,	//
11. Name of Father,	
2. Name of Mother,	*
(Maiden Name), 3. Birthplace of Father,	Hudden Dies
4. Birthplace of Mother, .	Alexander III
5. Place of Interment, .	Tradien Asi
Signature of Undertaker or other person making the Return,	July 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
DATED at SOZISE	700, on -8 -8 - 9 - 18 . 4

^{*} If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion. † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

Name of Deceased,*	Harves & Graves. aga 17	_
Date and Place of Death, -	died at South Bond, Sept. 24 =	1843
Disease or Cause of Death, -	of Hart list & Duration of Sickness Sorry	Link
et mie Za	al attack of son hours direction	
	that the above is true, to the best of my knowledge and belief.	20
Name and Residence of Certifying Phys	Date of Certificate,	100000
* Or Say of Infant (not named)	y constitution and the second	0,10

Date and Place of Death, - died at SCOMMENT Description of Sickness 110 for Sickness 110 fo	Name of Deceased,*	Teler Shuttlemette
I certify that the above is true, to the best of my knowledge and belief. Name and Residence of Certifying Physician, Leve. W. Bullu Field	Date and Place of Death, -	died at Se'cill (c'il 1101-25 1893
Name and Residence of Certifying Physician, Gro. W. Bullufield Mit	Disease or Cause of Death, -	of Desification of Lucion of Sickness 3110 ((CC)
Date of Certificate, 18		1. 22. 10 10 7. () (1.)

RETURN OF A DEATH.

 Date of Death, Name, 	Lerra Shulton
(Maiden Name),* .	
(Name of Husband),*	
3. Sex, and whether single,	
Married, or Widowed,	114-14-6
4. Color,†	
5. Age,	Years, / Months, Days.
Disease or Cause of Death, (Primary and Secondary), t 6. Duration of Sickness,.	Caraly sis
(By whom certified,	
7. Residence,	
8. Occupation,	
9. Place of Death,	
10. Place of Birth,	
11. Name of Father,	
12. Name of Mother,	
13. Birthplace of Father, .	
4. Birthplace of Mother, .	
5. Place of Interment, .	
Signature of Undertaker or other person making the Return,	
DATED at BOUNT	, on

^{*} If a Married Woman or Widow. ‡ If a Soldier who served in the War of the Rebellion. † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

Commonwealth of Massachusetts.

	es in institute and in	ut	arrazarunzenta
7.0			

RETURN OF A DEATH.

To the Clerk of the	Town in which the Death occurred.
1. Date of Death,	Licember 5th
2. Name,	do de de la Thurst
(Maiden Name),*	1 Morewes
3. Sex, and whether single. Married, or Widowed,	Fund mount
4. Color, †	Thats
5. Age,	Years, C Months, Days.
6. Disease or First or Primary	
Cause of Secondary (if any)	
Death, By whom certified	Red Cotten field,
7. Residence,	South
8. Place of Death,	South
9. Occupation,	f
10. Place of Birth,	Southberry
11. Name of Father,	Let / Course
12. Name of Mother,	Naplan I hours
13. Birthplace of Father,	
14. Birthplace of Mother, .	
15. Place of Interment,	Southboro
Signature of Undertaker or other person making the Return,	Many Wewton
DATED at. Ben foul	ibasion Dea 6 1883
* If a Married Woman or Widow.	

[†] If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what. [Be very particular to fill all Blanks.]

RETURN OF A DEATH.

1. Date of Death,	(1)20, -7 H - F7
2. Name,	Evan B. Charally
(Maiden Name),* .	Grove B. Emillo
(Name of Husband),*	James Chandler
3. Sex, and whether single,	married
Married, or Widowed,	
4. Color,†	Lyraph -
5. Age,	Years, / Months, Days.
Disease or Cause of Death,	Track L
6. Duration of Sickness, .	10 years
By whom certified, .	Da Robert
7. Residence,	Anyrille
8. Occupation,	
9. Place of Death,	July 2022
10. Place of Birth,	Jametro-Halifas V. D.
11. Name of Father,	Speak Smiths
12. Name of Mother,	Reference Emille
13. Birthplace of Father, .	
14. Birthplace of Mother, .	
15. Place of Interment, .	The state of the s
Signature of Undertaker or other person making the Return,	} corry Newton
DATED at South	bors, on Dea 18 %

^{*} If a Married Woman or Widow. † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what. [Be very particular to fill all Blanks.]

Name of Deceased,*	Joseph Fairbanker
Date and Place of Death, -	died at foly is the South Bill Jacq 1884 }
Disease or Cause of Death, -	of Progressing Paraly matter of Sickness 3 / (1)
I certij Name and Residence of Certifying P	by that the above is true, to the best of my knowledge and belief.
Rebland	Macs. Date of Certificate, December 12 1893

No

RETURN OF A DEATH.

1. Date of Death,	\$10-9 15/3
2. Name,	Joseph hairbanks
(Maiden Name),* .	
(Name of Husband),*	
3. Sex, and whether single,	
Married, or Widowed,	Marited
4. Color,†	
5. Age,	70
	OYears, Months, Days.
Disease or Cause of Death, (Primary and Secondary), ‡	16 16 15 10 10 10 10 10 10 10 10 10 10 10 10 10
6. Duration of Sickness, .	parecycars
(By whom certified, .	hali
7. Residence,	Jajune peuntar
8. Occupation,	Farmer
9. Place of Death,	Jazy/ a c
10. Place of Birth,	Deflingham Mass
11. Name of Father,	Colifat Jantanks
12. Name of Mother,	Mancy Helanis
(Maiden Name), 13. Birthplace of Father, .	Befring ham mass
14. Birthplace of Mother, .	Hellisten "
15. Place of Interment, .	South toro
	Think to 1.
Signature of Undertaker or other person making	1 // Macfallan
the Return,	
DATED at FOSVILLE	10 on Dec 11 1892

^{*} If a Married Woman or Widow. ‡ If a Soldier who served in the War of the Rebellion. † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

RETURN OF A DEATH.

1. Date of Death,	Dec 12
2. Name,	Albertra S. Labossiere
(Maiden Name),*	
(Name of Husband),*	
3. Sex, and whether single,	Fill Comal
Married, or Widowed,	
4. Color,†	
5. Age,	3 Years, - 9 Months, - 2 & Days.
Disease or Cause of Death,	Crowk
6. \(\rightarrow\) Duration of Sickness, .	/
By whom certified,	
7. Residence,	Southbow
8. Occupation,	
9. Place of Death,	Southborn
10. Place of Birth,	Exagorllo
11. Name of Father,	Grelis A. Labore
12. Name of Mother,	Wactoria M. Laberson
13. Birthplace of Father, .	Contrecour Canad
14. Birthplace of Mother, .	fl Shan
15. Place of Interment,	Marsbors
10. Trace of Interment,	
Signature of Undertaker or other person making the Return,	Henry Newton
DATED at South	low, on Deo 13 18 87
* If a Married Woman or Widow	

^{*} If a Married Woman or Widow. † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what. [Be very particular to fill all Blanks.]

12/20 42 9.45 Ha

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH.

1. Date of Death,	956,19 1093
2. Name,	
(Maiden Name),*	
(Name of Husband),*	,
3. Sex, and whether single,	file the same and
Married, or Widowed,	
4. Color,†	
5. Age,	Years, Months, Days.
Disease or Cause of Death,	and the second s
6. Duration of Sickness, .	
(By whom certified,	
7. Residence,	
8. Occupation,	
9. Place of Death,	A Ballonia
10. Place of Birth,	
11. Name of Father,	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
12. Name of Mother,	
13. Birthplace of Father, .	The Market of th
14. Birthplace of Mother, .	BALA
15. Place of Interment, .	10
Signature of Undertaker or other person making the Return,	Henof Newton
DATED at ruthering	on Lacunter 20 18 3

^{*} If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Name of Deceased,*	Michael Mitchel	
Date and Place of Death, -	died at South Perc. Chec 19	1883
Disease or Cause of Death, -	of Selection of Sickness 100	Della
I certif	that the above is true, to the best of my knowledge and belief. It wastern, It M. Bulley Left M. Date of Certificate,	2)

*Or Sex of Infant (not named).



RETURN OF A DEATH.

1.	Date of Death,	
2.	Name,	moonast hise of
	(Maiden Name),*	
	(Name of Husband),*	
3.	Sex, and whether single,	
	Married, or Widowed,	
4.	Color,†	
5.	Age,	Years, Months, Days.
6.	Disease or Cause of Death, (Primary and Secondary), ‡ Duration of Sickness, .	10 Just 5
	By whom certified,	
7.	Residence,	Selt 1000
8.	Occupation,	74022202
9.	Place of Death,	356614 6 1 1/2 4/1/11 3 4
10.	Place of Birth,	ments in constant
11.	Name of Father,	417-12 18 1 1 1 2 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
12.	Name of Mother, (Maiden Name),	Boule
13.	Birthplace of Father, .	-Beckleyice
14.	Birthplace of Mother, .	G. 374 G. F. 112 C.
15.	Place of Interment, .	138 . 7 4 . 7.4
	Signature of Undertaker or other person making the Return,	} /////////////////////////////////////
Dat	ed at 1/2	75 , on & 101 - 71" 18%.

^{*} If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion. † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

Name of Deceased,* -	Catherine It Is	Per
Date and Place of Death, -	died at Southeithe Dec	22 1883
Disease or Cause of Death, -	of Breumuniel Duration of Sickne	ss 5- Deya
I certify Name and Residence of Certifying Pr	y that the above is true, to the best of my knowledge and be by Billion fill work. Date of Certificate,	elief.

*Or Sex of Infant (not named).

RETURN OF A DEATH.

1. Date of D	eath,	Dec 22-1893
2. Name,		Gullen in Jayles
(Maiden	Name),*	programme of the Boles of the second
(Name o	f Husband),*	Mary Jakoba Karana
3. Sex, and w	hether single,	200
Married	or Widowed,	
4. Color,†		
5. Age, .		Months, Days.
(Primary an	Cause of Death, d Secondary), to Sickness, .	5 924 3
(By whom	certified, .	2
7. Residence		
8. Occupation	n,	
9. Place of I	Death,	2/4/4/
10. Place of I	Birth,	Heft with the s
11. Name of	Father,	CHEN DELLENGE
12. Name of Maiden 1	Name),	11 x 2 le la
13. Birthplace		
14. Birthplace		
15. Place of I	interment, .	Section of the second of the s
	of Undertaker berson making rn,	} /// // // // // // // // // // // // /
Dated at	414	1893 1893

^{*} If a Married Woman or Widow. ‡ If a Soldier who served in the War of the Rebellion. † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

10 the Olerk of the	TOWN III WHICH ONG DOWN GOODLES
	1011 -2 18/4
1. Date of Death, · · ·	Mary Circl Manil
2. Name,	Shall for The Shall of
(Maiden Name),*	y y colly
(Name of Husband),*	Maham Newlen
3. Sex, and whether single,	1.0
Married, or Widowed,	Midene
4. Color,† · · · ·	
5. Age,	Years, Months, 5 Days.
(Disease or Cause of Death,	Old age
6. Duration of Sickness,	x 4 ears
By whom certified,	
1 2	South Fire Mass
7. Residence,	Religed Ladie
8. Occupation,	6 46 6 600 111988
9. Place of Death,	Di alla Colonia de la colonia
10. Place of Birth,	Gnanes were
11. Name of Father,	Mins Colly
12. Name of Mother,	mary Pounding
13. Birthplace of Father, .	Guarles level /
14. Birthplace of Mother, .	14 11 11
15. Place of Interment, .	75000 100 110156
	hon man to f
Signature of Undertaker or other person making	Mecquiana
the Return,	
DATED at S CUITALE	7/0 , on /au 3 18/1
	4
* If a Married Woman or Widow.	To Calley Dagge exceller what

^{*} If a Married Woman or Widow. † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what. [Be very particular to fill all Blanks.]

99

Name of Deceased,*	Beil //	res Minhs	(
· Date and Place of Death, -	died at 18676	1490 17611	9) 1884
Disease or Cause of Death, -	of Old all	Duration of Sickn	ness 1 CCO.
I certif	W15 V2	he best of my knowledge and	belief.
*Or Sex of Infant (not nam	and the state of t	Date of Certificate,	

UNDERTAKER'S RETUR	N TO THE BOARD OF HI	EALTH, MARLBOROUGH.
Date of Death,	3-1854	
Name, John /	Le of Chy	
Maiden Name,*		Sex,
Married, single or wido	w, wife of	
5.6-	years,	
Color,	$Age, \langle months, months, \rangle$	
0	Z days,	
Residence,	mough efface	
Place of death, Street a	$nd \mathcal{N}o$.	gh Ward,
Place of Birth,	Occu,	17
Name of Mother,	Maiden N	rame, Carnles
Name of Father,	ifm,	<i>f</i>
Birthplace of Father,		
Birthplace of Mother,		
Place of Interment,	r to coemeter	Markowigh
*If a married woman or a widow.	24	nd.
Signature of Undertaker or oth making the return.	er person }	
PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.		
in facts	Maryborloggh,	Jan 5 189 14
Name of Deceased,	Walle & Salle	1- 911-
Date and Place of Death,	fan . 3 9 9 Dones	litero va ass.
Disease or Cause of Death,	Calarrhad Traumo	wie *duration of / 2 days
I hereby certify that the above is true, to the best of my knowledge and belief.		

*It is very desirable to be informed of the duration of the disease. [SEE OTHER SIDE]

Name and residence,

RETURN OF A DEATH.

1. Date of Death,	9100-15-1894
2. Name,	J. J. J.
(Maiden Name),*	4
(Name of Husband),*	
3. Sex, and whether single,	
Married, or Widowed,	43322
4. Color,†	
5. Age,	Years, Months, Days.
Disease or Cause of Death, (Primary and Secondary), † 6. (Duration of Sickness,	Legal Mark
By whom certified,	
	Resolation to the
7. Residence,	
8. Occupation,	Cornon Faller
9. Place of Death,	Toping the state of the state o
10. Place of Birth,	I PELINEL
11. Name of Father,	115/10/21/1/1/2012
12. Name of Mother,	11:01-16-7
(Maiden Name), 13. Birthplace of Father, .	938/80000
14. Birthplace of Mother,.	- 11,
15. Place of Interment, .	1303/127 13033
Signature of Undertaker or other person making the Return,	}
DATED at	, on \$ 15 1874

^{*} If a Married Woman or Widow. ‡ If a Soldier who served in the War of the Rebellion. † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

Name of Deceased,*	Im. Palsick Helch
Date and Place of Death, -	died at Condanille. (2014/100) Jan. 15 1894
Disease or Cause of Death, -	of La With Duration of Sickness & HE (1111)
I certij Name and Residence of Certifying P	by that the above is true, to the best of my knowledge and belief. Physician,
	Date of Certificate, Jan. 16 1884
*Or Sex of Infant (not nar	nod)

Name of Deceased,* Date and Place of Death, Disease or Cause of Death, Duration of Sickness, I certify that the above is true, to the best of my knowledge and belief Name and Residence of Certifying Physician * Or Sex of Infant (not named).



RETURN OF A DEATH.

1. Date of Death,	1940 - 1 - 194
2. Name,	Bradle 22 Colores
(Maiden Name),* .	
(Name of Husband),*	
3. Sex, and whether single,	Sinffe
Married, or Widowed,	
4. Color,†	
5. Age,	
Disease or Cause of Death, (Primary and Secondary), ‡ 6. Duration of Sickness, .	Luc Fra
(By whom certified,	
7. Residence,	Scriffero mass
8. Occupation,	Titlined James
9. Place of Death,	Though this day to the
10. Place of Birth,	1317108101012 11181115
11. Name of Father,	6.11 2.61
12. Name of Mother, (Maiden Name),	Isabell Horac
13. Birthplace of Father, .	
14. Birthplace of Mother, .	Light to the first the day to be
15. Place of Interment, .	f. b.
Signature of Undertaker or other person making the Return,	} MR (Mercy Elien)
Dated at	, on Jen 22 189.4
* 74 - M	of - Galdian who served in the World the Deballion

^{*} If a Married Woman or Widow. ‡ If a Soldier who served in the War of the Rebellion † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

RETURN OF A DEATH.

1.	Date of Death,	Fel. 27th. 1894.
2.	Name,	Daniel Grover
	(Maiden Name),* .	
	(Name of Husband),*	
3.	Sex, and whether single,	
	Married, or Widowed,	1
4.	Color,†	
5.	Age,	Years, 3 Months, Days.
	Disease or Cause of Death,	Bing the Amountain
6.	Duration of Sickness, .	
	(By whom certified,	
7.	Residence,	
8.	Occupation,	
9.	Place of Death,	
10.	Place of Birth,	
11.	Name of Father,	
12.	Name of Mother,	Sherry (Gordrens)
13.	Birthplace of Father, .	46.834
14.	Birthplace of Mother,.	N. S.
15.	Place of Interment, .	
	Signature of Undertaker or other person making the Return,	} Here
$D_{\Lambda'}$	red at March	

^{*} If a Married Woman or Widow. † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what. [Be very particular to fill all Blanks.]

RETURN OF A DEATH.

1. Date of Death,	march 1st 1894
2. Name,	Gertrude Pachol Buc
(Maiden Name),*	
(Name of Husband),*	
3. Sex, and whether single,	E.
Married, or Widowed,	
4. Color,†	
5. Age,	Years, 3 Months, 2 Days.
Disease or Cause of Death, (Primary and Secondary), † 6. Duration of Sickness, .	ant meningito
By whom certified,	Dr. J. XX Robinson
7. Residence,	Sauthbarough Ma
8. Occupation,	
9. Place of Death,	Southboro
10. Place of Birth,	
11. Name of Father,	Wallace B Buck
12. Name of Mother,	Ella W Brewa
(Maiden Name), 13. Birthplace of Father, .	Douthburg
14. Birthplace of Mother, .	h
5. Place of Interment, .	17
Signature of Undertaker or other person making the Return,	} MB Buelo
DATED at Sol Cherry	, on 1116 2h 1894

^{*} If a Married Woman or Widow. ‡ If a Soldier who served in the War of the Rebellion. † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

Gatande K. Brite. Musel 181 1894 Eiged three months and two days. Lites & series acute meningates. a Tigotinson. M. J. Commonwealth of Massachusetts.

RETURN OF A DEATH.

1. Date of Death,	March14
2. Name,	Daniel S. Whitney
(Maiden Name),* .	
(Name of Husband),*	
3. Sex, and whether single,	
Married, or Widowed,	The Charles and the
4. Color,†	
5. Age,	8 + Years, Months, 10 Days.
Disease or Cause of Death,	Inflamation of Ridney
6. Duration of Sickness, .	Elight days.
(By whom certified, .	
7. Residence,	Southboro
8. Occupation,	
9. Place of Death,	Southboro
10. Place of Birth,	Maniers Mass
11. Name of Father,	for the blining
12. Name of Mother,	Varah (drull) Heterthey
13. Birthplace of Father, .	· · · · · · · · · · · · · · · · · · ·
14. Birthplace of Mother,.	
15. Place of Interment,	Southborn
Signature of Undertaker or other person making the Return,	Henry Newton
DATED at Southb	on March 15 18 9.4

^{*} If a Married Woman or Widow. † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

Se 1 20th 18 924 I stranged income 20

RETURN OF A DEATH.

	,
1. Date of Death,	march 20th 1894
2. Name,	Mank Lavelle
(Maiden Name),* .	
(Name of Husband),*	
3. Sex, and whether single,	1
Married, or Widowed,	
4. Color,†	
5. Age,	G Years, Months, Days.
Disease or Cause of Death, (Primary and Secondary), ‡	Scarlet Feren
6. Duration of Sickness, .	
(By whom certified,	Dy H Robinson
7. Residence,	South Ford,
8. Occupation,	4
9. Place of Death,	South For
10. Place of Birth,	
11. Name of Father,	John
12. Name of Mother, (Maiden Name),	Maley
13. Birthplace of Father, .	
14. Birthplace of Mother, .	
15. Place of Interment, .	Macheron
Signature of Undertaker	181-11
or other person making the Return,	Chelian render Falner.
15114	20 1 h- th
DATED at OUR h FOR	v , on Mich 20 9 1890

^{*} If a Married Woman or Widow. ‡ If a Soldier who served in the War of the Rebellion. † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

of Scarlet Graning Top 194 P. H. Robertson, M. L. South time! Manch 22 1994 con J. John Levelle

No. / 2

RETURN OF A DEATH.

		ne 56 100 U
1.	Date of Death,	Henrutte Lande
2.	Name,	
	(Maiden Name),* .	
	(Name of Husband),*	
3.	Sex, and whether single,	
	Married, or Widowed,	
4.	Color,†	
~) .	Age,	9 Years, 10 Months, Days.
6.	Disease or Cause of Death, (Primary and Secondary), ‡ Duration of Sickness,.	
	By whom certified,	1, 76 Robinson m. D
7.	Residence,	(Southon)
8.	Occupation,	
9.	Place of Death;	Soulhoon
10.	Place of Birth,	J. W.
11.	Name of Father,	Holin
12.	Name of Mother, (Maiden Name),	()
3.	Birthplace of Father, .	
4.	Birthplace of Mother,.	A
5.	Place of Interment, .	marlons.
	Signature of Undertaker or other person making the Return,	} Nelin marchy fother.
) _{AT}	red at	, on mus. 54 189.1/

^{*} If a Married Woman or Widow. ‡ If a Soldier who served in the War of the Rebellion. † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

Honritten Lawrell, agrig greuns
March 28 of Scarlet Fater

gitterobinson M. D.

Source March 24" 1884

()

No. / Commonwealth of Mussnehusetts. RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	march, 24-94
2. Name,	John Laville
(Maiden Name),* .	
(Name of Husband),*	
3. Sex, and whether single,	
Married, or Widowed,	
4. Color,†	,
5. Age,	Years, Months, Days.
Disease or Cause of Death, (Primary and Secondary), ‡ 6. Duration of Sickness, .	1 26 B L 2 2 7
By whom certified, . 7. Residence,	South ton
8. Occupation,	
9. Place of Death,	South ton
10. Place of Birth,	J. J
11. Name of Father,	John Larthe,
12. Name of Mother, (Maiden Name),	(Maller)
13. Birthplace of Father, .	
14. Birthplace of Mother, .	
15. Place of Interment, .	
Signature of Undertaker or other person making the Return,	} mad by Jen Lenh.
DATED AL SOUM DON	, on March 35 1894
	TO THE STATE OF TH

[Be very particular to fill all Blanks.]

15 Born any 23. (88) - 12-7-1

^{*} If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion. † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

Johnie Savelle of Schrift Faver.

No. (0

RETURN OF A DEATH.

The state of the s
March 24 - 1-894
Hannah Bardner
The first up
Same Gardens
Midowed
85 Years, Months, Days.
Olei Age
6 months
Dr Bullerfield. Ashlu
Southbury
<u></u>
Grayville - Southborn
East Thee much . J.
Seden Casey
Sarah Garel
North Skingston R.S.
East Greenrick
Wor cester
1
1 Stenry Newton
)
on March 2 6 18 9.4

^{*} If a Married Woman or Widow. ‡ If a Soldier who served in the War of the Rebellion. ‡ If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

Name and Age of Deceased,*	Henry Garding. Age, 85	
Date and Place of Death,† -	died at South of Amily Sures has 789ig.	
Disease or Cause of Death, - (Primary and Secondary.);	of Old age	
Duration of Sickness,		
I certify that the above is true, to the best of my knowledge and belief. Signature and Residence of Certifying Physician, A. A. Date of Certificate, M. J.		

^{*} Or Sex of Infant (not named). If stillborn so state.

f If child died immediately after birth so state.

Plate. Ed. May, 1893. — 5,000.

[†] If a soldier or sailor who served in the War of the Rebellion-

RETURN OF A DEATH.

1.	Date of Death,	fine for the first of the first
2.	Name,	free Collins
	(Maiden Name),*	
	(Name of Husband),*	
3.	Sex, and whether single,	7
	Married, or Widowed,	Meiried
4.	Color,†	
ŏ.	Age,	Years, 6 Months, Days.
6.	Disease or Cause of Death, (Primary and Secondary), ‡ Duration of Sickness, .	8 Dass,
	By whom certified,	CAN JAK KSULLE TILLE
7.	Residence,	750071636 1268S
8.	Occupation,	702220
9.	Place of Death,	SCITTETOSO
10.	Place of Birth,	- u u u
11.	Name of Father,	Amis Coffield
12.	Name of Mother,	10/10/ Parisole in Cold
13.	(Maiden Name), Birthplace of Father, .	Styl It tresto
14.	Birthplace of Mother, .	11
15.	Place of Interment, .	Scill Cold Access
	Signature of Undertaker or other person making the Return,	3 Mm/ Mayferland
DA	red at Sectific	120 , on March 98 1894

^{*} If a Married Woman or Widow. ‡ If a Soldier who served in the War of the Rebellion. † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

Name of Deceased,*	Jone Coffinis
Date and Place of Death, -	died at South love how 2) 1894,
Disease or Cause of Death, -	of Incame sie Duration of Sickness & Das &
I certify Name and Residence of Certifying Physics	that the above is true, to the best of my knowledge and belief.
	Date of Certificate, Med 28 1894
* Or Sex of Infant (not named).	

^{*} Or Sex of Infant (not named).

Date and Place of Death, . died as South Dorwigh muss. , Shil 17th 18 Disease or Cause of Death, - of Colmong Consumtion Duration of Sickness seven weeks I certify that the above is true, to the best of my knowledge and belief. * Or Sex of Infant (not named).

RETURN OF A DEATH.

1. Date of Death,	april 17-94
2. Name,	Julia a. Julyvan
(Maiden Name),*	Markhy
(Name of Husband),*	John / F
3. Sex, and whether single,	17.
Married, or Widowed,	M.
4. Color,†	W
5. Age,	Nonths, Days.
Disease or Cause of Death,	
6. Duration of Sickness, .	
(By whom certified,	
7. Residence,	gostThorough offices
8. Occupation,	
9. Place of Death,	Southborough Alacs
10. Place of Birth,	fregand
11. Name of Father,	John ,
12. Name of Mother,	Kate Co Keepe
13. Birthplace of Father, .	Freland
14. Birthplace of Mother, .	
15. Place of Interment, .	Marcoon and
Signature of Undertaker or other person making the Return,	J # a dis gill
Dated at	, on apr. 19 189.4

^{*} If a Married Woman or Widow. * If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

-				
- 7	ы	1	a	
d	w	ж	r	4

RETURN OF A DEATH.

1.	Date of Death,	my, 15 1894
2.	Name,	South Francis Enster
	(Maiden Name),*	
	(Name of Husband),*	
3.	Sex, and whether single,	
	Married, or Widowed,	
4.	Color,†	
5.	Age,	Years, — Months, / 4 Days.
6.	Disease or Cause of Death, (Primary and Secondary), ‡ Duration of Sickness, .	
	By whom certified,	
7.	Residence,	Low De por
8.	Occupation,	
9.	Place of Death,	
10.	Place of Birth,	7
11.	Name of Father,	John Ja
12.	Name of Mother,	may Hogoranisms)
13.	Birthplace of Father, .	Faline
14.	Birthplace of Mother, .	a me land
15.	Place of Interment, .	V
	Signature of Undertaker or other person making the Return,	
Dar	rep at	. on 18 .

^{*} If a Married Woman or Widow. ‡ If a Soldier who served in the War of the Rebellion. † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

CHAPTER 306 ACTS 1888.

THIS IS TO CERTIFY,



To the best of my knowledge and belief,

Name of deceased in full.
That Rosa Princelli
age - years - months 2 days, died on the 22 day of May A.D. 189 4
of Maranuse of death.
Its duration † was
There was also
Its duration † was
Was there an Autopsy? Mo Was death Sudden? No
Signed at Faunghan Mass., May 23 189
Mass., 189 M. D.
† Reckoned from the time of invasion of death.
Undertaker's Return of Death.
Rosa Penseli May VIII
Maiden Name. Condition: [1] Single. Interrest. With Widows.
Age,—Years Months Days Wife or Widow of Place of Death, [2]
Southbord Mars
He Male Dilute Residence South bor mans
Occupation. Southborr Place of Birth. Muss
Name of Father. Densells . His Birth Place, [3]
Name of Mother. Her Birth Place
Date.
Interment It Helphen's Lemeley Trumingham May 23,894
This return is made by Undertaker Ceta V. Bucrea
Dated my 7-3 1894 Of So Framighan
1. Erase the words which do NOT indicate the condition. 2, 3, 4. Insert Town and State. *W, White. B, Black.
Countersigned and Approved this 23 day of May 189
Curr Hilley Chagent Board of Health.
(SEE BACK.)

RETURN, OF A DEATH.

1. Date of Death,	May 30 1894
2. Name,	Exnest H. Hlagg
(Maiden Name),* .	
(Name of Husband),*	
3. Sex, and whether single,	Male
Married, or Widowed,	Cling &
4. Color,†	15
5. Age,	2/ Years, 6 Months, 7 Days.
Disease or Cause of Death, (Primary and Secondary), † Couration of Sickness,	Diabeta
By whom certified, .	Les. M. Butterfield we
7. Residence,	Southburs Southville
8. Occupation,	Mill operative
9. Place of Death,	Southours 11
10. Place of Birth,	Springfield Macs
11. Name of Father,	- Dunies Henry Hogy
12. Name of Mother, (Maiden Name),	Mury F (Hooper) "
13. Birthplace of Father, .	Boyleston Muss
14. Birthplace of Mother, .	11
15. Place of Interment, .	Jos. The ove
Signature of Undertaker or other person making the Return,	C. L. Hood
DATED at Jouthbor	o, on May 3/ 1894

^{*} If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion. † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.



RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

- A
Juny 1 d 1834
Thomas Guneen
M.
1/
Years, Months, 15 Days.
6 mount non
6
0 1
Southborough Mass
-Michael
duran Referry
dreland " t
11
Marlborough J. G. Comete
Jan Me Sile
. on June 3 189.

[Be very particular to fill all Blanks.]

^{*} If a Married Woman or Widow.

^{*} If a Married Woman or Widow.

* If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

Average December 14	Frank Gurghan
Ivame of Deceasea,*	
Date and Place of Death, -	died at Strith bord, June 4 188/4
Disease or Cause of Death, -	of Premining Duration of Sickness Ord Inch
I cert	fy that the above is true, to the best of my knowledge and belief.
Name and Residence of Certifying I	Physician, Geo, M. Buller field M. V.
ashiana h	Date of Certificate, June 5 1894
*Or Sex of Infant (not na	ned).

8

Name and Age of Deceased,*	Ernest H. Hugg -	Age, 2/923
Date and Place of Death,† -	died at forther (southwill) Ille	j 30 189 y .
Discuse or Cause of Death, - (Primary and Secondary.)	of Diabetic.	<u>C</u>
Duration of Sickness,		
I certi,	ly that the above is true, to the best of my knowledge and belief,	
Signature and Residence of Certifying I	hysician, Gro W. Butter fel is the	liffiand me
	Date of Certificate, May 3/	180 11

^{*} Or Sex of Infant (not named). If stillborn so state.

[†] If child died immediately after birth so state. Plate. Ed. May, 1893. — 5,000.

[‡] If a soldier or sailor who served in the War of the Rebellion-



RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.			
 Date of Death, Name, (Maiden Name),* . 	Frank Earighan		
(Name of Husband),* 3. Sex, and whether single, Married, or Widowed, 4. Color,†	Sugl		
5. Age,	28 Years, Months, Days		
6. Duration of Sickness, . By whom certified, .	Dr. Ges N. Butafila		
 Residence, Occupation, Place of Death, 	Laborer Southon,		
10. Place of Birth,			
12. Name of Mother,13. Birthplace of Father, .14. Birthplace of Mother, .	Driland Driland		
15. Place of Interment, .			
Signature of Undertaker or other person making the Return,	\frac{18}{2}		
DATED AU	, 01		

^{*} If a Married Woman or Widow. † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what. [Be very particular to fill all Blanks.]

Burial Permit,

and Permit for Removal.
Hestboro June 5 189 4
(City or Town.) (Date.)
All the preliminary requirements of law having been complied with,
permission is hereby given to
from (Store aller out a case of renegal) , and the interment at Southboro of
the body of Charles Mr. Deckford who died at testaro
Number, Street, on the 5th day of June 1894,
aged 35 years, months, days.
Henry L. Chose agt Bit Health
(Signature of Agent of Board of Health, or, in towns where there is no Board of Health, of Town Clerk.)
Plato. Ed. December, 1891. 6000.

No. / RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	June 11. 1894
2. Name,	Maringurd a. Composition
(Maiden Name),* .	
(Name of Husband),*	Batholiser Confernter
3. Sex, and whether single,	single
Married, or Widowed,	J. A.
4. Color,†	White
5. Age,	J. Years, 6. Months, Days.
Disease or Cause of Death,	V
(Primary and Secondary), † 6. (Duration of Sickness, .	
By whom certified,	Li, Bradley.
7. Residence,	Italton 1
8. Occupation,	
9. Place of Death,	Southtown have.
0. Place of Birth,	Southbor mass.
1. Name of Father,	Barlholm in Caperuter
2. Name of Mother,	mary Hannow.
Maiden Name), 3. Birthplace of Father,	Noch York bits
4. Birthplace of Mother, .	Ivelfand
5. Place of Interment, .	Hopkinton house
Signature of Undertaker or other person making the Return,	3. Ballanan
DATED at South to	, on Jane 19th 1894

[Be very particular to fill all Blanks.] Plate. Ed. September, 1892 .- 5,000.

^{*} If a Married Woman or Widow. If a Soldier who served in the War of the Rebellion. If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

Name of De	eceased,*	I invol Agnes Carpenter Jeg. (non
Date and Pi	lace of Death, -	died at Southboro June 11 18/94
Disease or C	Cause of Death, -	of Hesait disrue Duration of Sickness afout the was
۶ ₁	I certify	that the above is true, to the best of my knowledge and belief.
Name and Resid	dence of Certifying Phy	sician I S. Brusley Westorong & Mass
		Date of Certificate, 12 th 18/194

* Or Sex of Infant (not named).

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

	Date of Death,	/ 3 m
2.	Name,	
	(Maiden Name),* .	
	(Name of Husband),*	
3.	Sex, and whether single,	
	Married, or Widowed,	1/10/02/201
4.	Color,†	
5.	Age,	Years, Days.
6.	Disease or Cause of Death, (Primary and Secondary), † Duration of Sickness,	Carlo Doga Sanga Sanja S
	By whom certified,	
7.	Residence,	33 14/12/14
8.	Occupation,	
9.	Place of Death,	- La Carrier
10.	Place of Birth,	SULLEY
11.	Name of Father,	
12.	Name of Mother, (Maiden Name),	
13.	Birthplace of Father, .	
14.	Birthplace of Mother, .	
15.	Place of Interment, .	
	Signature of Undertaker or other person making the Return,	} // m // // // // // // // // // // // /
Da	TED at	1'01', on 711) 8-15 1891

[Be very particular to fill all Blanks.] Plate. Ed. September, 1892.—5,000.

^{*} If a Married Woman or Widow. ‡ If a Soldier who served in the War of the Rebellion. † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

RETURN OF A DEATH.

1.	Date of Death,	4
2.	Name,	
	(Maiden Name),* .	
	(Name of Husband),*	
3.	Sex, and whether single,	
	Married, or Widowed,	
4.	Color,†	
5.	Age,	Years, Months, Days.
	(Disease or Cause of Death,	orleaded a
6.	Duration of Sickness, .	
	By whom certified, .	
7.	Residence,	
8.	Occupation,	& A / uc-
9.	Place of Death,	Soul
10.	Place of Birth,	
11.	Name of Father,	
12.	Name of Mother,	
13.	Birthplace of Father, .	
	Birthplace of Mother, .	
	Place of Interment, .	A-1.11.11.1
	Signature of Undertaker or other person making the Return,	Henry Newton
Da'	rep at Jewas	, on18 .

^{*} If a Married Woman or Widow. † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what. [Be very particular to fill all Blanks.]



No. 2-2

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1,50		
	Date of Death,	46516 33/574
	(Maiden Name),* .	7
	(Name of Husband),*	
o.	Sex, and whether single,	
	Married, or Widowed,	
4.	Color,†	
5.	Age,	Years, Months, Days.
6.	Disease or Cause of Death, (Primary and Secondary), † Duration of Sickness,.	1842115
	By whom certified,	
7.	Residence,	
8.	Occupation,	
9.	Place of Death,	
10.	Place of Birth,	11 110
11.	Name of Father,	ruglen H DPM
12.	Name of Mother,	Saus S
13.	Birthplace of Father, .	1 ganvis
14.	Birthplace of Mother,.	<i>Y</i>
15.	Place of Interment, .	
	Signature of Undertaker or other person making the Return,	} // -/ (-///
	red at	, on 4 18 18 18 18 18 18 18 18 18 18 18 18 18
+]	f a Married Woman or Widow. ‡	If a Soldier who served in the War of the Rebellion.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Name and Age of Deceased,* Date and Place of Death,† -	Herold & Barry Age, 12-21 g
Disease or Cause of Death, - (Primary and Secondary.) Duration of Sickness,	of fluing it's
I cert. Signature and Residence of Certifying	
* Or Sex of Infant (not named). If stillborn	Date of Certificate, 1892 so state. If child died immediately after birth so state. Plate. Ed. May, 1893.—5,000.

No. 2/

RETURN OF A DEATH.

		The same of the sa
1.	Date of Death,	4-14-14-1
2.	Name,	
	(Maiden Name),* .	
	(Name of Husband),*	476/12
3.	Sex, and whether single,	
	Married, or Widowed,	
4.	Color,† · · · · ·	
5.	Age,	Years, Months, Days.
6.	Disease or Cause of Death, (Primary and Secondary), ‡ Duration of Sickness,.	Jubercul 32 con South
	By whom certified, .	
7.	Residence,	(2.0
8.	Occupation,	
9.	Place of Death,	hope had been been been been been been been bee
10.	Place of Birth,	A Ling
11.	Name of Father,	
12.	Name of Mother, (Maiden Name),	6,224,61
13.	Birthplace of Father, .	S/114/1 C1/1 /1)1
14.	Birthplace of Mother, .	
15.	Place of Interment, .	8 - 17 1 1 2 370 · 1
	Signature of Undertaker or other person making the Return,	} //m/i dunoter and
DA	red at	, on

^{*} If a Married Woman or Widow. ‡ If a Soldier who served in the War of the Rebellion. † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

PHYSICIA - CERTIFICATE.

Name and Age of Deceased,*	Mary C. Page	Age, 23 y 3 h
Date and Place of Death, + -	died at Southbro Gal 3.	189 4.
Disease or Cause of Death, - (Primary and Secondary.)	of Lube whosis of Jague	L.
Duration of Sickness, I certi	fy that the above is true, to the best of my knowledge and belief.	
Signature and Residence of Certifying I	Physician, LES. M. Butterfield	/ust.
	Date of Certificate, July 3	1894.

^{*} Or Sex of Infant (not named). If stillborn so state.

¹ If child died immediately after birth so state. Plate. Ed. May, 1893. — 5,000.

[‡] If a soldier or sailor who served in the War of the Rebellion.

Section 1. The clerk or registrar of each city and town shall on the first day of cach month make a certified copy of the record of all deaths and both this recorded in the books of said city or town during the previous month, whenever the deceased person or the parents of the child born, were resident in any other city or town in this Commonwealth at the time of said death or birth; and shall transmit said certified copies to the clerk or registrar of the city or town in which such deceased person or parents were resident at the time of said death or birth, stating in addition the name of the street and number of the house, if any, where such deceased person or parents so resided, whenever the same can be ascertained; and the clerk or registrar so receiving such certified copies shall record the same in the books kept for recording deaths or births. Such certified copies shall be made upon blanks to be furnished for that purpose by the secretary of the Commonwealth.

Section 2. This act shall take effect upon its passage. [Approved April 5, 1889.

Blank to be used in compliance with the foregoing.

Copy of the Record of a

DEATH

recorded in the books of the of City or Town.)		
during the month of18 .		
1. Date of Death,	Ang 1, 1894	
2. Name,	mand Elis Salto Sullivan	
(Maiden Name),		
(Name of Husband),		
3. Sex, and whether single,		
Married, or Widowed,		
4. Color,		
5. Age,	Years, J Months, J Days.	
(Disease or Cause of Death,	(Terthing)	
6. Duration of Sickness,	THE 2 days	
By whom certified,		
7. Residence,	Southton	
8. Occupation,		
9. Place of Death,	· · · · · · · · · · · · · · · · · · ·	
10. Place of Birth,		
11. Name of Father,	John J.	
12. Name of Mother,	Julia (Murphy)	
13. Birthplace of Father, .	Southon, "	
14. Birthplace of Mother, .		
15. Place of Interment, .	hearthow, hear of	
I certify that th	ne foregoing is a true copy.	
	Attest:	
18	Clerk.	

Name and Age of Deceased,*	Stephen Cantello	Age, 5
Date and Place of Death,† -	died at Southboro ang. T	1894 .
Disease or Cause of Death, - (Primary and Secondary.);	of Rhenmatican of Heart	
Duration of Sickness,		
I cert Signature and Residence of Certifying	tify that the above is true, to the best of my knowledge and belief.	4
Signature and Residence of Certifying	Date of Certificate, and	189 4.



^{*} Or Sex of Infant (not named). If stillborn so state.

[†] If child died immediately after birth so state. Plate. Ed. May, 1893. - 5,000.

[†] If a soldier or sailor who served in the War of the Rebellion



RETURN OF A DEATH.

1. Date of Death,	August 7th 1894
2. Name,	of then Cantillo
(Maiden Name),* .	
(Name of Husband),*	
3. Sex, and whether single,	midower.
Married, or Widowed,	
4 Color,†	In hise
5. Age,	5 Years, Months, Days.
(Pilmary and Secondary), ‡ 6. (Duration of Sickness,	3 Dans
By whom certified, .	De Butterfield.
7. Residence,	denymon Af Added
8. Occupation,	Carpenter - Soldier un
9. Place of Death,	Fayrelle Mass
10. Place of Birth,	Brudsord England
11. Name of Father,	William Can Colle
12. Name of Mother,	,
(Maiden Name), 13. Birthplace of Father, .	Bradford to night and,
11. Birthplace of Mother, .	Brulffeld maland
15. Place of Interment, .	Southborn 16 abs
Signature of Undertaker or other person making the Return,	Henry Newton
DATED at Houshb	on Aug 9 18 84

^{*} If a Married Woman or Widow. ‡ If a Soldier who served in the War of the Rebellion. † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

Name and Age of Deceased,*	905/12 Burnett Age, 734
Date and Place of Death,† -	died at Service 1892
Disease or Cause of Death, - (Primary and Secondary.);	of Condon to D
Duration of Sickness,	
	fy that the above is true, to the best of my knowledge and belief.
, , , , , , , , , , , , , , , , , , , ,	Date of Certificate, 14 180 4

^{*} Or Sex of Infant (not named). If stillborn so state.

[†] If child died immediately after birth so state. Plate. Ed. May, 1893. - 5,000.

RETURN OF A DEATH.

1. Date of Death,	aug 11 1894
2. Name,	Joseph Bremelt
(Maiden Name),* .	
(Name of Husband),*	
3. Sex, and whether single,	male
Married, or Widowed,	massed
4. Color,†	
5. Age,	7 Years, 9 Months, Days.
Disease or Cause of Death, (Primary and Secondary), ‡	accidence
6. Duration of Sickness, .	2 horas
(By whom certified, .	Dift Roberce
7. Residence,	Southboro sigh
8. Occupation,	Chemist-
9. Place of Death,	Southeborough
0. Place of Birth,	Southborough
1. Name of Father,	Charles Ripley Burnel
2. Name of Mother, (Maiden Name),	Kezra Pond
3. Birthplace of Father, .	Switteborough
4. Birthplace of Mother, .	brushen heaves
5. Place of Interment, .	Southbrough
Signature of Undertaker or other person making the Return,	} Henry Newton
DATED at South	ord, on Aug 14 189.4
	A

^{*} If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion. † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

RETURN OF A DEATH.

and the same of th	
1. Date of Death,	aug 15 1894 -
2. Name,	Margin Pinder.
(Maiden Name),* .	0.0
(Name of Husband),*	
3. Sex, and whether single,	
Married, or Widowed,	
4. Color,†	
5. Age,	Years, 9 Months, 2 7 Days.
Disease or Cause of Death, (Primary and Secondary), † C. Duration of Sickness, .	Cholica Indohum
(By whom certified,	Sa Bully was
7. Residence,	Fayville
8. Occupation,	
9. Place of Death,	11
10. Place of Birth,	100000
11. Name of Father,	The Punter
12. Name of Mother,	Lates (Markey)
13. Birthplace of Father, .	
14. Birthplace of Mother, .	CARLO Street Text
15. Place of Interment, .	
Signature of Undertaker or other person making the Return,	Herry Town
DATED at V	, on
A If a Married Woman or Widow tI	f a Soldier who served in the War of the Rebellion

^{*} If a Married Woman or Widow. ‡ If a Soldier who served in the War of the Rebellion † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

	Name and Age of Deceased,*	Surah henrisa Age.	,55 pm. gm
	Date and Place of Death,† -	died at Louthburs, lung. aug. 19	1894.
	Disease or Cause of Death, - (Primary and Secondary.)	of Charles and Spanners of the transfer of the	
	Duration of Sickness, I certa	fy that the above is true, to the best of my knowledge and belief.	
	Signature and Residence of Certifying	Mysician, Land Land Bushines Fill &	
	When I hran	Date of Certificate, Ching	1892
1	* Or Sex of Infant (not named). If stillborn	so state. If child died immediately after birth so state. If a soldier or sailor who served in the V Plate. Ed. May, 1893. — 5,000.	Var of the Rebellion

RETURN OF A DEATH.

1. Date of Death,	Aug 19
2. Name,	Jan 4
(Maiden Name),* .	
(Name of Husband),*	
3. Sex, and whether single,	Single
Married, or Widowed,	
4. Color,†	
5. Age,	Years, Months, Days.
Disease or Cause of Death, (Primary and Secondary), ‡ 6. (Duration of Sickness, .	Chronic Spinal meningste
By whom certified, .	Brs. W. Butherfield MG
7. Residence,	Southborg.
8. Occupation,	Atouse heeper
9. Place of Death,	Gogville Southbon
10. Place of Birth,	Southbord
11. Name of Father,	By Co Newton
2. Name of Mother,	clare Elile
3. Birthplace of Father, .	Southbox
1. Birthplace of Mother, .	f
5. Place of Interment, .	
Signature of Undertaker or other person making the Return,	Glenry Newton
DATED at South	on Ang 20 1894

^{*} If a Married Woman or Widow. ‡ If a Soldier who served in the War of the Rebellion, † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

UNDERTAKER'S RETURN TO THE BOARD OF HEALTH, MARLBOROUGH, MASS.

Date of Death, J. 1941874
Name, Harriel Formilland Macrice
Maiden Name,* Sex, Male
Married, single or widow, December wife of
Color, Mets Age, { months.
Residence, Fayville Mass
Place of death, Street and No. // Ward,
Place of birth,
Name of mother, Maiden name, O
Name of father, Sings J Machine
Birthplace of father, Some will Mass
Birthplace of mother, Sowa Section
Place of interment, † (Quada.
*If a married woman or widow. †Give the name of the burial ground. Signature of Undertaker or other person making the return. *If a married woman or widow. †Give the name of the burial ground.
PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.
Marlborough, Mass., aug 20 1894
Name of Deceased, Harold Powsland Machine
Date and Place of Death, Augst 19-94 Frayrille Mass
Disease or Cause of Death, Onolera ingustime *duration of
I hereby certify that the above is true, to the best of my knowledge and belief.
Name and residence, George I Searle & Tunton Steller Harlen Har
*It is very desirable to be informed of the duration of the disease. [SEE OTHER SIDE.]

Kirish on lengt.

Burial Permit,

(And Certificate of Registry.)

.]	mission is hereby given to Samue Lyving clone for the Interment Du, of the body of Frank & Livingslove of died at South Ford, Mass [Number . Street.] on the day
4	died at South on, Mass [Number . Street,] on the day
	188 . aged years, months, days: — the facts required by cheptor
1	nty one of the General Statutes having been returned and recorded.
	Town Clerk.
]	ed at 188 .

Name and Age of Deceased,*	Francis Livingston, Acces	
Date and Place of Death,† -	died at Southboweel Meets Ange 7189 4.	
Disease or Cause of Death, - (Primary and Secondary.) ‡	of Killed on RR Ledge	
Duration of Sickness,		
I certify that the abofe is tree, to the best of my knowledge and belief. Signature and Residence of Certifying Physician, With Jewill Mis. Much Exercise 1		
	Date of Certificate, Ty 1894.	

^{*} Or Sex of Infant (not named). If stillborn so state.

If child died immediately after birth so state.

Plate. Ed. May, 1893. — 5,000.

If a soldier or sailor who served in the War of the Rebellion.

Name and Age of Deceased,* and dead /2 mile e of the Date and Place of Death, Disease or Cause of Death, (Primary and Secondary.) Duration of Sickness, I certify that the above is true, to the best of my knowledge and belief. * Or Sex of Infant (not named). If stillborn so state. If child died immediately after birth so state. If a soldier or sailor who served in the War of the Rebellion.

Plate. Ed. May, 1893. - 5,000.

No. -9 RETURN OF A DEATH.

		AND AS A SECOND CONTRACTOR OF THE PARTY OF T
1.	Date of Death,	Acy 27/894
2.	Name,	2011011122
	(Maiden Name),*	
	(Name of Husband),*	
3.	Sex, and whether single,	204 for contr
	Married, or Widowed,	260
4.	Color,†	PRICE
5.	Age,	25 Years, Months, Days.
G.	(Disease or Cause of Death, (Primary and Secondary), † (Duration of Sickness,	fell from Sam
	By whom certified,	
7.	Residence,	201/110pm
	Occupation,	
	Place of Death,	Cordan HSvall Com
	Place of Birth,	Unknown
	Name of Father,	18
12.	Name of Mother,	
13.	(Maiden Name), Birthplace of Father, .	
11.	Birthplace of Mother, .	
	Place of Interment, .	Buth Bero Anas
	Signature of Undertaker or other person making the Return,	Jam 12 Backstand
DAT	red at Eciclus	7/1, on AU - 3 1894

^{*} If a Married Woman or Widow. ‡ If a Soldier who served in the War of the Rebellion. † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

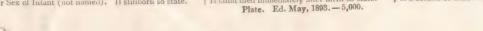
Name and the second sec		and the second state of the second se
Name and Age of Deceased,*	Emply Dlan Age, 4	6 yrs. 2 ms 24 ds
	2/	U
Date and Place of Death, † -	died at Forthbur Mars ang, 28	189
	of Consumbitions!	,
Disease or Cause of Death, -	of when juice	
(Primary and Secondary.)		

I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician, Los M. Bullet July Date of Certificate, Cany 29,

I If a soldier or sailor who served in the War of the Rebellion. If child died immediately after birth so state. * Or Sex of Infant (not named). If stillborn so state.







Duration of Sickness,

RETURN OF A DEATH.

1. Date of Death,	Anyust 28, 1894,
2. Name,	Chuly agusta Blair
(Maiden Name),* .	
(Name of Husband),*	7
3. Sex, and whether single,	Lingle
Married, or Widowed,	
4. Color,†	
5. Age,	46 Years, 2 Months, 214 Days.
Disease or Cause of Death, (Primary and Secondary), † 6. Duration of Sickness,	Consumption
By whom certified, .	Geo. Av Bullestuld M
7. Residence,	Fayville huns
8. Occupation,	
9. Place of Death,	tuyville.
10. Place of Birth,	J. Carpilla
11. Name of Father,	John Blagn
12. Name of Mother,	Eliza (Impetor)
13. Birthplace of Father, .	Teltrovorough h. H.
14. Birthplace of Mother, .	Francing have mass.
15. Place of Interment, .	Fouthbolough mass.
Signature of Undertaker or other person making the Return,	} Glenry Newton
DATED at Southb	ore, on Airg 30 1894

^{*} If a Married Woman or Widow. ‡ If a Soldier who served in the War of the Rebellion. † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

John Jaines Brien Name and Age of Deceased,* Date and Place of Death, † -Disease or Cause of Death, -(Primary and Secondary.) ‡ Duration of Sickness. I certify that the above is true, to the best of my knowledge and belief. Date of Certificate,

^{*} Or Sex of Infant (not named). If stillborn so state. If child died immediately after birth so state.

RETURN OF A DEATH.

1.	Date of Death,	EXCC 15 17-5%
2.	Name,	60h 3 6 1 3 3 1
	(Maiden Name),* .	1
	(Name of Husband),*	
3.	Sex, and whether single,	
	Married, or Widowed,	
4.	Color,†	
5.	Age,	Years, Months, Days.
	Disease or Cause of Death,	(1.791/172)
6.	Duration of Sickness, .	
	(By whom certified,	
7.	Residence,	3577777
8.	Occupation,	
9.	Place of Death,	4121
10.	Place of Birth,	11-2
11.	Name of Father,	19/221113 17/18/2011
12.	Name of Mother,	Jana Santa
13.	Birthplace of Father, .	23 - W. Fr 1/2
14.	Birthplace of Mother, .	355419+ 1/3
15.	Place of Interment, .	111111111111111111111111111111111111111
	Signature of Undertaker or other person making the Return,	

^{*} If a Married Woman or Widow. † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what. [Be very particular to fill all Blanks.]

No. 34 Commonwealth of Mussachusetts. RETURN OF A DEATH.

1. Date of Death,	may L Bushiner
(Maiden Name),*	Samarche
(Name of Husband),*	
3. Sex, and whether single,	
Married, or Widowed,	
4. Color,†	
5. Age,	Years, Months, Days.
Disease or Cause of Death, (Primary and Secondary), ‡ 6. Duration of Sickness, .	2 Days
By whom certified,	
7. Residence,	Southline Muss
8. Occupation,	
9. Place of Death,	Seuthter
10. Place of Birth,	(1) (1) (1) (1)
11. Name of Father,	John peoperno
12. Name of Mother, (Maiden Name), 13. Birthplace of Father, .	Julia Sahham
14. Birthplace of Mother, .	
15. Place of Interment, .	Misterio mass
Signature of Undertaker or other person making the Return,	Jam ? Buyfarteine
DATED at SCIUME	80, on SCAT 1/ 189.4
	TE - CI-13* 1

^{*} If a Married Woman or Widow. If a Soldier who served in the war of the Rebellion † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

Name of Deceased,*	mars & Gamoon	
Date and Place of Death, -	died at Boxithitiri Sept. 11., 1894,	
Disease or Cause of Death, -	of Mening it Duration of Sickness	
I certify Name and Residence of Certifying Phys	that the above is true, to the best of my knowledge and belief.	eiz
* Or Say of Infant (not named)	Date of Certificate, Sept /2 1894	

If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and secondary cause of death. See Chap. 224, Acts of 1889.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased.*	Delie E. Heary	Age. 19
Date and Place of Death, -	died at Souchburo Mass.	Sepr. 18, 1894
Disease or Cause of Death, -	of Conscere place Duration of	Sickness Cobant 6 mos.
	0	
I certif	that the above is true, to the best of my knowledge	

Name and Residence of Certifying Physician.

Date of Certificate, Seft. 20 1894

*Or Sex of Infant (not named).

[May, 1888.]



RETURN OF A DEATH.

1.]	Date of Death,	1/16-1/814
2.	Name,	Delia E. Nam
	(Maiden Name),*	
	(Name of Husband),*	
3. 8	Sex, and whether single,	Ji.
	Married, or Widowed,	d.
4. (Color,†	7/
5.	Age,	19 Years, 2 Months, 26 Days.
(1	Disease or Cause of Death,	Consumplacio
6.	Duration of Sickness, .	about 6 mos.
(1	By whom certified, .	It E. Sun, its m. J.
7.]	Residence,	Sullitor Mase
8. (Occupation,	
9.]	Place of Death,	Southford Mass
10.]	Place of Birth,	1 14 "
11.]	Name of Father,	yohn .
12.	Name of Mother,	Bridget Moran
13. 1	Birthplace of Father, .	Ireland
14.]	Birthplace of Mother, .	<u> </u>
15.]	Place of Interment,	J. C. Cosmetery Marlons
	Signature of Undertaker or other person making the Return,	Ha. Mr. Gill Harling Chas
Date	ed at	on Super 21 189.4

^{*} If a Married Woman or Widow. † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

RETURN OF A DEATH.

	The second secon
1. Date of Death,	KIMO SI
(Maiden Name),*	11
(Name of Husband),*	
3. Sex, and whether single,	male
Married, or Widowed,	
4. Color,†	
5. Age,	Years, Months, Days.
Disease or Cause of Death, (Primary and Secondary), 6. Duration of Sickness,	Cystilis leven
(By whom certified,	
7. Residence,	
8. Occupation,	
9. Place of Death,	
10. Place of Birth,	
11. Name of Father,	7
12. Name of Mother, (Maiden Name),	
13. Birthplace of Father, .	
14. Birthplace of Mother, .15. Place of Interment, .	
Signature of Undertaker or other person making the Return,	
DATED at Eller	(, on SCA 73 189)
* If a Married Woman or Widow. ‡1	If a Soldier who served in the War of the Rebellion.

[†] If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

RETURN OF A DEATH.

1.	Date of Death,	Oct. 2d, 18914
2.	Name,	Jeremiah Mc Carthy
	(Maiden Name),*	
	(Name of Husband),*	
3.	Sex, and whether single,	
	Married, or Widowed,	
4.	Color,†	
5.	Age,	66 Years, Months, Days.
	Disease or Cause of Death,	Killed on rial rowa
6.	Duration of Sickness, .	Instant
	By whom certified, .	Herry A. Jewett
7.	Residence,	Southton,
8.	Occupation,	Laborer on B. W. W.
9.	Place of Death,	South to on.
10.	Place of Birth,	Coch, Ireland
11.	Name of Father,	Daniel me Carthy
12.	Name of Mother,	Julian be leathy
13.	Birthplace of Father, .	North freland
14.	Birthplace of Mother, .	Bundant Treland
15.	Place of Interment, .	Jo. Haamingham men
	Signature of Undertaker) Harris North
	or other person making the Return,	Henry Newton
	1 14	Sabie Tonochuse
DAT	ED at OOM UT	1894 On W. O. 1894

^{*} If a Married Woman or Widow. † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	Och 2 a 1894
2. Name,	Jeremiah Ma Corth
(Maiden Name),* .	
(Name of Husband),*	
3. Sex, and whether single,	3 Muhown
Married, or Widowed,	
4. Color,†	
	hold Grears, Months, Days.
	col cerdenton have hove
6. Duration of Sickness, .	Instant Death
(By whom certified,	Dr. : Jewitt
7. Residence,	O I A MAN
8. Occupation,	Laborer on 13 WM
9. Place of Death,	Touthors
10. Place of Birth,	
11. Name of Eather,	
12. Name of Mother,	Makown
13. Birthplace of Father, .	1000
14. Birthplace of Mother, .	1 -0 111
15. Place of Interment, .	Journous
Signature of Undertaker or other person making the Return,	
DATED at South	bus, on Och 5 18 9

my

^{*} a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and secondary cause of death. See Chap. 224, Acts of 1889. PHYSICIAN'S CERTIFICATE. Name and Age of Deceased,* Date and Place of Death, ofkilled on the Duration of Sickness, thouse, mass. I certify that the above is true, to the best of my knowledge and belief. Stenry A. Jewell M. D. Med. Examiner thorcester country. *Or Sex of Infant (not named). May, 1888.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH. Name of Deceased, Date and Place of Death, Disease or Cause of Death, ____ I hereby certify that the above is true, to the best of my knowledge and belief. Name and residence. SEE OTHER SIDE.

*It is very desirable to be informed of the duration of the disease.

UNDERTAKER'S RETURN TO THE BOARD OF HEALTH, MARLBOROUGH, MASS.

Date of Death, Och 5th	4
Name, Katiz Brufer	
Maiden Name,*	Sex,
Married, single or widow, wife of	
Color, \mathcal{M} Age, $ \begin{cases} 12 & years. \\ 6 & months. \end{cases} $ days.	
Residence, And The Control of the Co	
Place of death, Street and No.	Ward;
Place of birth, Government Occupation,	and the second s
Name of mother, Maiden name,	X/Histor
Name of father,	
Birthplace of father,	
Birthplace of mother,	
Place of interment, +	
*If a married woman or widow.	

Signature of Undertaker or other person

making the return.

HISrown

No. 39 Commonwealth of Mussachusetts.

RETURN OF A DEATH.

1.	Date of Death,	Oct 5-1894.
	Name,	Ellen Sophia Hood.
	(Maiden Name),* .	" newfor
	(Name of Husband),*	morgan noods
3.	Sex, and whether single,	0
	Married, or Widowed,	Widow.
4.	Color,†	
5.	Age,	62 Years, O Months, O Days.
	Disease or Cause of Death, (Primary and Secondary), ‡ Duration of Sickness,	
	By whom certified,	St. But took h.
7.	Residence,	Fayorle
8.	Occupation,	
9.	Place of Death,	10 2
10.	Place of Birth,	Southbors
11.	Name of Father,	Aussell Newton
12.	Name of Mother, (Maiden Name),	Ann newton
13.	Birthplace of Father, .	& Further
14.	Birthplace of Mother,.	Simmon -
15.	Place of Interment, .	
	Signature of Undertaker or other person making the Return	Henry Kewton
DAT	PED at Countibor	o , on Oct 5 - 189.4.
* I:	f a Married Woman or Widow. ‡ f other than White. (M.) Mulatto	If a Soldier who served in the War of the Rebellion. (I.) Indian. If of other Races, specify what.

	Name and Age of Deceased,* Eller 3, WM Age, 624, 1
	Date and Place of Death,† - died at
•	Disease or Cause of Death, - of
	Duration of Sickness,
	I certify that the above is true, to the best of my knowledge and belief. Signature and Residence of Certifying Physician, Signature and Sign
	Date of Certificate,
	* Or Sex of Infant (not named). If stillborn so state. † If child died immediately after birth so state. † If a soldier or sailor who served in the War of the Rebellion.

Plate. Ed. May, 1893. - 5,000.

[SEE OTHER SIDE.]

UNDERTAKER'S RETURN TO THE BOARD OF HEALTH, MARLBOROUGH, MASS.
Date of Death, Cotors The 1894
Name, Rovetta Commes
Maiden Name,* Sex, 7.
Married, single or widow, wife of
years.
Color, \mathcal{M} Age, \mathcal{G} months.
7 days.
Residence, South bow
Place of death, Street and No. January Ward, Ward,
Place of birth, Orradenze Occupation,
Name of mother, han Connor Maiden name, han In Sellings
Name of father, John Cornors
Birthplace of father, Armont.
Birthplace of mother, Laurence
Place of interment, + Zamysnes
*If a married woman or widow. Give the name of the burial ground.
Signature of Undertaker or other person \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.
Marlborough, Mass., Out. 8 1894
Name of Deceased, Rose Ha Commons.
Date and Place of Death, Faguille, Oar, 7th "94
Date and Place of Death, Disease or Cause of Death,
I hereby certify that the above is true, to the best of my knowledge and belief.
Name and residence, Floring M. Z.

*It is very desirable to be informed of the duration of the disease.

RETURN OF A DEATH:

		60 14 25 611
1.	Date of Death,	GE11-1511
2.	Name,	Joseph Bowles
	(Maiden Name),*	
	(Name of Husband),*	
3.	Sex, and whether single,	<i>A</i> // <u>.</u>
	Married, or Widowed,	S
4.	Color,†	2/
	Age,	18 Years, 9 Months, 2 Days
	Disease or Cause of Death,	
6.	Duration of Sickness,.	
	By whom certified, .	
7.	Residence,	Southboro Stass
	Occupation,	Rainter
	Place of Death,	dulphoro stade
		Rolling -1/125
	Place of Birth,	James F Rayles
	Name of Father,	Dut
12.	Name of Mother,	gon too
13.	Birthplace of Father, .	
14.	Birthplace of Mother,.	//
15.	Place of Interment, .	
	Signature of Undertaker or other person making the Return,	Harlbow Mass
DAT	red at	, on QU, 18.

^{*} If a Married Woman or Widow. * If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and secondary cause of death. See Chap. 224, Acts of 1889.

Name and Age of Deceased,*	: Joseph Borrles	Age, /
Date and Place of Death, -	died at Southbord Mass De	1 12 1894
Disease or Cause of Death, -	of Septicalus Duration of Sickness O	ice week
	y that the above is true, to the best of my knowledge and belief.	
	Date of Certificate, Cet 15	189%
*Or Sex of Infant (not nam	ed). [Ed.—10 M—Oct. 9, 1889.]	[May, 1888.]

RETURN OF A DEATH.

1.	Date of Death,	(1)-19-119-1
2.	Name,	Commence of
	(Maiden Name),* .	1844 - 1000
	(Name of Husband),*	West & Sommer men
3.	Sex, and whether single,	<i>C</i>
	Married, or Widowed,	
4.	Color,† · · · · ·	
5.	Age,	Years, Months, Days.
6.	Disease or Cause of Death, (Primary and Secondary), ‡ Duration of Sickness,.	
	By whom certified, .	
7.	Residence,	
8.	Occupation,	
9.	Place of Death,	64 B47 C
10.	Place of Birth,	l ll
11.	Name of Father,	13 JE BENLICE
12.	Name of Mother,	Sutens Inner
13.	(Maiden Name), Birthplace of Father, .	Hohranden moles
14.	Birthplace of Mother, .	South rone "
15.	Place of Interment, .	Succession,
,	Signature of Undertaker or other person making the Return,	} In dicelerand
DA	rep at	, on18 .

^{*} If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion. † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

Name of Deceased,*	Clara & Sommerman
Date and Place of Death, -	died at South ton; Oct. 19. 1894
Disease or Cause of Death, -	of Burkunfthin Duration of Sickness & Torre
I certify Name and Residence of Certifying Ph	that the above is true, to the best of my knowledge and belief.
Name and Residence of Certifying Fin	Date of Certificate, OA 49 1894.
* Or Sex of Infant (not named)	

RETURN OF A DEATH.

1. Date of Death,	Nov, 3/899
2. Name,	Hurles Ste, Lerver
(Maiden Name),* .	
(Name of Husband),*	
3. Sex, and whether single,	Male,
Married, or Widowed,	Marriell
4. Color,†	W.
5. Age,	43 Years, // Months, 21 Days.
Disease or Cause of Death, (Primary and Secondary), ‡ 6. Duration of Sickness,	
By whom certified, .	Dr C. A. Marinson
7. Residence,	Soft for "Carille
8. Occupation,	Feer
9. Place of Death,	Letter - May
10. Place of Birth,	deeleve the
11. Name of Father,	hopert Leaver
12. Name of Mother,	Maranda Marakale
(Maiden Name), 13. Birthplace of Father, .	Herror de
14. Birthplace of Mother, .	Paris Me,
15. Place of Interment, .	O'l Strate 60
Signature of Undertaker or other person making the Return,) E. L. Bridges
DATED at World	on Nov 5 1894

^{*} If a Married Woman or Widow. ‡ If a Soldier who served in the War of the Rebellion, † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

RETURN OF A DEATH.

		/	
1. Date of Death,	4	EC. 11, 189	4.,
2. Name,	(liades D	chilitel
(Maiden Nam	e),* .		
(Name of Hus	band),*	1	
3. Sex, and whether	rsingle,	Mussica	(
Married, or W	idowed,		
4. Color,†			A
5. Age,		Years, 5 Mont	hs, Jays.
Disease or Cause (Primary and Second	of Death,	Killed on A	Control
6. Duration of Sic	kness,.	1,	
By whom certif		Medical epas	um Or genr
7. Residence,		Southboro)
8. Occupation, .		I arzale	
9. Place of Death		outhor	
10. Place of Birth,	1 2	ora Scoti	10 10 10 1
11. Name of Fathe	r,	14, 30 20	hat the the total
12. Name of Mothe (Maiden Name),	,	latilda	
13. Birthplace of F	ather, .	vova scot	a
14. Birthplace of M		Lova Scoti	a
15. Place of Intern	nent, .	Soushborn	
Signature of Un or other person the Return, .	making -	Henry.	Ventin
DATED at Son	thbu	, on Deo	18 9.4

^{*} If a Married Woman or Widow. ‡ If a Soldier who served in the War of the Rebellion. † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

RETURN OF A DEATH.

1.	Date of Death,	December 31-1894
2.	Name,	Mary Elizabeth Huyden
	(Maiden Name),* .	16 Whiteomb
	(Name of Husband),*	Francis W. Hayden
3.	Sex, and whether single,	Finale
	Married, or Widowed,	Married
4.	Color,†	W
5.	Age,	66 Years, — Months, 24 Days.
6.	Disease or Cause of Death, (Primary and Secondary), † Duration of Sickness,.	Brights Deserve
	By whom certified, .	Gro. M Butterfield M.D.
7.	Residence,	Conthetero
8.	Occupation,	Horosofe
9.	Place of Death,	Conthburg
10.	Place of Birth,	Andrew Here.
11.	Name of Father,	David H. Whitcomb
12.	Name of Mother,	ann Jainter
13.	(Maiden Name), Birthplace of Father, .	Osford-n.H.
14.	Birthplace of Mother, .	11 16
15.	Place of Interment, .	Westboro
	Signature of Undertaker or other person making the Return,	} &. L. House
Dar	red at Southbox	s, on for 1 1893

^{*} If a Married Woman or Widow. ‡ If a Soldier who served in the War of the Rebellion. † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

(If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and secondary cause of death. See Chap. 224, Acts of 1889.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,*	Charles oscofield see 23.
Date and Place of Death, -	gied at Southborough Mass. Dec. 14th. a.
	of Killed on R. Road Duration of Sickness
Discuse of Cause of Deam,	Duration of Siekness
T contit	y that the above is true to the best of my hypopuladre and belief

Name and Residence of Certifying Physician

^{*}Or Sex of Infant (not named).

Name and Age of Deceased,*	Mord. Mary Elizabeth Huzelen Age, 66 yrs
Date and Place of Death,† -	died at South Soro Dec 31 1894,
Disease or Cause of Death, - (Primary and Secondary.);	of Brighty Disease
Duration of Sickness,	ify that the above is true, to the best of my knowledge and belief.
	Physician, Jes M. Buttefield M.D.
asirland M.	Date of Certificate, Jan 2 . 1895.



^{*} Or Sex of Infant (not named). If stillborn so state. † If child died immediately after birth so state Plate. Ed. August, 1894.—5,000.

[†] If child died immediately after birth so state. Plate. Ed. August, 1894.—5,000.

RETURN OF A DEATH.

1. Date of Death,	Du 31. 1894
2. Name,	many Elizabeth Handen
(Maiden Name),*	I Whiteour .
(Name of Husband),*	Francis W Hayden
3. Sex, and whether single,	Menule
Married, or Widowed,	Tr.
4. Color,†	
5. Age,	66 Years, — Months, 2 4 Days.
Disease or Cause of Death, (Primary and Secondary), † 6. Duration of Sickness, .	Angel Dreine
By whom certified, .	& W. Butterfres m. D.
7. Residence,	Southond
8. Occupation,	Housepoper
9. Place of Death,	Surveyor
10. Place of Birth,	ONFORM NOS
11. Name of Father,	Salva H
12. Name of Mother,	any. (I amont
13. Birthplace of Father, .	Ofform NA
14. Birthplace of Mother, .	Ogefore NA
15. Place of Interment, .	· Wiskon
Signature of Undertaker or other person making the Return,	} 8. D. Wood
DATED at Jowhy	, on 2 189.5

^{*} If a Married Woman or Widow. ‡ If a Soldier who served in the War of the Rebellion. † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.